04/01/2026 - 06/30/2026

Spec Name	Min Outcome	Diag Proc	Reason For Denial	Indication Offered	Auth Count
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected CSF (cerebrospinal fluid) leak best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were more than 7 days ago.	4
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	12
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	8
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has been a stroke or TIA within the past 2 weeks.	8
Advanced Practice Registered Nurse	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; The dissection is suspected.	4
Advanced Practice Registered Nurse	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4

Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material			4
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	12
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; The patient does not have a known aneurysm.; This is a request for a Brain MRA.; This is for a suspected aneurysm.	4
Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo along with a symptoms that is not listed above.; This procedure is being requested for dizziness or vertigo.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and trouble walking or speaking.; This procedure is being requested for dizziness or vertigo.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has NOT completed an eye exam.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is NOT neurology.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; The patient has completed blood tests for this problem.; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed a neuro-psychological evaluation.; The memory testing showed severe memory impairment.	4

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed another type of cognitive testing.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is on medication(s) for this problem. ; There is a plan to start or switch the patient's treatment. ; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is NOT neurology.; The patient has known Multiple Sclerosis (MS).	12
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is on medication(s) for this problem. ; There is NOT a plan to start or switch the patient's treatment. ; The treatment was NOT changed in the past 3 - 6 months. ; There was a brain MRI completed in the past one (1) year. ; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is NOT neurology.; The patient has known Multiple Sclerosis (MS).	8
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient's score from the memory testing was 28 - 30.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed the MMSE or MoCA cognitive testing.; The ordering provider's specialty is NOT neurology.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	12
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has new confusion or disorientation (altered mental status).; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a known stroke or mini stroke (TIA)	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	4

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is NOT on seizure medication(s).	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is unknown.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is worsening.	16
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	12
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient has a blood clotting problem. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; It is unknown how long the headaches have been occurring.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	16
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	52
Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known or Suspected Congenital Abnormality.; Yes, this is a request for a Chest CT Angiography.; The member is 19 or older.	4
Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	4
Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does have an elevated D-dimer blood test. ; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score.	4
Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	8
Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does have an elevated D-dimer blood test.	4
Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; It is not known if the patient is experiencing cervical neck pain not improving despite treatment.; This study is being ordered for none of the above above.	4
Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	8
Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4

Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.; This study is being ordered for a Pre-operative evaluation.	4
Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Neurological deficits	4
Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.; This study is being ordered for None of the above	4
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Neurological deficits	4
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for None of the above	4
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; This study is being ordered for Follow-up to Surgery within the last 6 months; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurology or Orthopedics	4
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.; The reason for this request is for a pre-operative study.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I do NOT have the required documentation at this time. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	12
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			8
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is 49 or younger; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture.	8
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is 50 or older; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; There is NOT a concern that this fracture is related to cancer.; The patient is having new nerve complaints. ; Clicked to continue	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; Back pain is the reason for this request.; The patient has sensory changes in the legs or feet.; The orering provider's specialty is NOT orthopedics, anesthesia, or doctors and rehabilitation.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having new back pain symptoms. ; The patient has attempted chiropractic care for the pain recently. ; There is a decreased sensation documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient.	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having new back pain symptoms.	8
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	20
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	8
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is not graded.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 3 - 4 weeks.; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4+ in the office visit note.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).	8
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient has no change in back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient has attempted chiropractic care for the pain recently.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; It is not yet determined when the patient will have back surgery.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material		The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; The ordering provider is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist.	4
Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A concern other than a prostate problem, inflammatory bowel disease, cancer, pelvic pain, a gynecological problem, or a pre-operative study is the reason for this request.	8
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A gynecological problem is the reason for this request. ; Endometriosis is the source of the patient's gynecological problem.	4
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A gynecological problem is the reason for this request. ; The source of the patient's gynecological problem is not a mass, endometriosis, or uterine fibroids.	4
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A prostate problem is the reason for this request. ; The patient has an elevated PSA. ; The patient had a previous prostate biopsy.	4
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A prostate problem is the reason for this request. ; The patient has an elevated PSA. ; The patient has NOT had a previous prostate biopsy. ; The patient is having a prostate biopsy.; The patient's prostate biopsy is scheduled within the next 1 - 2 months.	4
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Pelvic or groin pain is the reason for this request. ; Musculoskeletal pain is the source of the pelvic or groin pain.; The patient has completed a pelvic x-ray in the past 3 months.	4
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient's current treatment plan is for initial staging. ; Cancer or tumor is the reason for this request. ; According to the patient’s chart prostate cancer is known or suspected.; Prostate cancer is known.	4
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	8
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	28
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	28
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	12
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; It is unknown if there are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; Surgery is planned in the next 30 days.; A biopsy has NOT been completed.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union facrture.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a walking cast for at least 4 weeks.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with crutches for at least 6 weeks.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	4

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics	12
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	8
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	8
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	64
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	12
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	4

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4
Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	12
Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	4
Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	8
Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	4
Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; It is not known if the requested study is a first follow up study for a post operative complication.; The requested study is for post-operative evaluation.; This study is being ordered as a pre-op or post op evaluation.	4
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	12
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This patient is experiencing hematuria.; This is NOT a Medicare member.; This study is being ordered for a kidney/ureteral stone.	4

Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Advanced Practice Registered Nurse	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Advanced Practice Registered Nurse	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			12
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	16
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if there is a concern for an urinary tract infection (UTI).; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The last Abdomen and Pelvis CT was completed 6 - 9 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; A mass or tumor was found on prior imaging.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The imaging study was completed within the past month. ; The prior imaging showed a kidney stone. ; This request is for a follow-up or a known kidney stone. ; The kidney stone was found on ultrasound.; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The pain has been present between 2 weeks and 3 months. ; The patient has completed an abdominal X-ray or KUB for this problem. ; The imaging study was completed within the past month. ; The prior imaging study showed other results that are not listed. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	16
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The pain has been present for less than 2 weeks. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	8
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing a fever.; The patient is having abdominal and/or flank pain.	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an Esophagogastroduodenoscopy (EGD) or colonoscopy.; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have fevers or night sweats. ; The patient has lost more than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Recurrence (known or suspected is the patient's current cancer status. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	8
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	12
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient's current treatment plan is for initial staging. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; It is unknown if a kidney stone is suspected.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	32
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed less than 3 months ago. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	8

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; The finding from prior imaging is something that is not listed above.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; A cystoscopy has been completed.; A kidney or ureteral stone was found on prior imaging.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal ultrasound has been completed. ; A mass or tumor was found on prior imaging.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal X-ray has been completed. ; Ureteral stone(s) were found on prior imaging.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal CT scan has been completed. ; A possible abscess was found on prior imaging.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	12
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An ultrasound has been completed.; The test did show findings that were concerning for cancer.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	44
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	16
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the pelvis.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	12
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	20
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	8
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)			4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found during a screening for HCC.	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on blood work.	4

Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	20
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did have recent gallbladder surgery.; An ERCP is NOT planned nor being considered for this patient.; A MRCP or bile duct problem is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is more than 2.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is unknown. ; A pancreatic cyst is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is for known inflammatory bowel disease. ; Inflammatory Bowel Disease (IBD) is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evalutation of coronary calcification.	4
Advanced Practice Registered Nurse	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; This study is requested for Electrophysiology ablation planning; The ordering MDs specialty is not Cardiology.	4
Advanced Practice Registered Nurse	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; This study is requested for none of the above	8
Advanced Practice Registered Nurse	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
Advanced Practice Registered Nurse	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	8

Advanced Practice Registered Nurse	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	4
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	4
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	4
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	4
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed less than one year ago	4
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	4
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	4

Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	4
Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Prostate cancer.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Non Specific EKG Changes; This study is being ordered for Follow-up to a prior test	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was not listed; This study is being ordered for Follow-up to a prior test	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; This study is being ordered for Follow-up to a prior test	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	8
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation of an abnormal heart rhythm.; This study is being ordered for none of the above or don't know.	4

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.; This study is being ordered for none of the above or don't know.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are NO new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	20
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	12
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	8
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	12
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	16
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	16

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	12
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	8
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	12
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Pericardial Disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	20

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	4
Advanced Practice Registered Nurse	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	8
Advanced Practice Registered Nurse	Approval	93350 Stress Tte Only		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	20
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were less than 48 hours ago.	4
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were more than 7 days ago.	4
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	16
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	8
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	16
Advanced Practice Registered Nurse	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4
Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.	4

Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.	4
Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4
Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Advanced Practice Registered Nurse	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	4
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	4
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	8
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	16
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	4
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is NOT on seizure medication(s).	4
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	20
Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4

Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	20
Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Advanced Practice Registered Nurse	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known or Suspected Congenital Abnormality.; Yes, this is a request for a Chest CT Angiography.; The member is 19 or older.	4
Advanced Practice Registered Nurse	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Advanced Practice Registered Nurse	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	4
Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There are no documented clinical findings of immune system suppression or AIDS.; The patient is not experiencing thoracic back pain associated with chest pain.; This study is being ordered for None of the above.	4
Advanced Practice Registered Nurse	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; This study is being ordered for Neurological deficits	4
Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; This study is being ordered for None of the above	4
Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.; The reason for this request is for a pre-operative study.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	12
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The strength testing exam findings are unknown or not documented. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	16
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8

Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	12
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; Positive for sub-acute axon loss	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having worsening back pain symptoms.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having worsening back pain symptoms. ; Clicked to continue	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	12

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 7 weeks or more.	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted a home exercise program (HEP) for the pain recently.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	12
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 7 weeks or more.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; There is a decreased sensation documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at another clinic or hospital directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; It is unknown how long the exercise program was followed for.; It is unknown how the sensory change was documented.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is NOT a copy of the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; The sensory change is reported by the patient.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having new back pain symptoms.	12
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	32

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	12
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as 5 (5/5).	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having new back pain symptoms. ; The patient has attempted chiropractic care for the pain recently. ; The weakness to the affected leg is not graded.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; A physical therapist directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; It is unknown how long the exercise program was followed for.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted activity modification for the pain recently.	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks.	4

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 7 weeks or more.	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms. ; A clinician at another clinic or hospital directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 3 - 4 weeks.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	12
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for a pelvis CT angiography.	4

Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	4
Advanced Practice Registered Nurse	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	12
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	16
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	4

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	8
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.; This study is being ordered for evaluation of Morton's Neuroma.	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A fine needle aspirate is planned in the next 30 days.; A biopsy has NOT been completed.	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with immobilization for at least 4 weeks.	4

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	12
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	4

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	8
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, or abscess, pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	4
Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This request is NOT for initial staging or restaging of liver, pancreatic or esophageal cancer.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	8
Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This patient is experiencing hematuria.; This is NOT a Medicare member.; This study is being ordered for a kidney/ureteral stone.	4
Advanced Practice Registered Nurse	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	16
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary		4

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; It is unknown how long the pain has been present.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	12
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	24
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The pain has been present between 2 weeks and 3 months. ; The patient has completed an abdominal X-ray or KUB for this problem. ; The imaging study was completed more than 10 weeks ago. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	8
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a follow-up or a known kidney stone. ; The kidney stone was found by another test other than what is listed above. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; The finding from prior imaging is something that is not listed above.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal X-ray has been completed. ; Ureteral stone(s) were found on prior imaging.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed a low hemoglobin.	4

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	20
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	8
Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	8
Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	8
Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Advanced Practice Registered Nurse	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Radiology Services Denied Not Medically Necessary	This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	4
Advanced Practice Registered Nurse	Disapproval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Colonoscopy for screening purposes only.	8
Advanced Practice Registered Nurse	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	8
Advanced Practice Registered Nurse	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	4
Advanced Practice Registered Nurse	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Advanced Practice Registered Nurse	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Agatston CAC score 200-399;Pure hypercholesterolemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Advanced Practice Registered Nurse	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Assessment & Plan;1.Htn on coreg 6.25 mg bid and losartan 100 mg daily and increase amlodipine to 5 mg daily ;2.Hld on atorvastatin 10 mg daily ;3.Chest pains get nm stress;4.Svt get nm stress test, referral to EP; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Advanced Practice Registered Nurse	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	CHEST PAIN, DOE, ASCVD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Advanced Practice Registered Nurse	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	12
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	4

Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this request is for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	8
Advanced Practice Registered Nurse	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	8
Advanced Practice Registered Nurse	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	4
Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4

Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is 49 or younger; The x-ray showed a fracture. ; An abnormal x-ray is the reason for this request.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 11 or more sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is patient reported. ; The patient has new neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request.	16
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; A positive Lhermitte's sign was documented on the physical exam.	8
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; It is unknown if the patient is presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	4
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			4
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; It is unknown if the patient is presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	4
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or Orthopedics	4
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	4
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is 50 or older; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; There is NOT a concern that this fracture is related to cancer.; The patient is having new nerve complaints.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has reflex changes in the legs or feet. ; The reflex exam finding are 1 / 4 (1 out of 4) Very weak reflex. ; The reflex changes are in one leg or foot. ; The patient is having worsening back pain symptoms. ; Clicked to continue	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having worsening back pain symptoms.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 7 weeks or more.	8

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	16
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently.	4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	8
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	8
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; It is not yet determined when the patient will have back surgery.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The date of the patient's back surgery is unknown.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	8
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; It is unknown if the patient is presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Anesthesiology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	8
Anesthesiology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	8
Anesthesiology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
Anesthesiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	4
Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	4
Anesthesiology	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	4
Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; It is not known if there is x-ray evidence of a lumbar recent fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Neurological deficits	4

Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not yet determined when the patient will have back surgery. ; The reason for this request is for a pre-operative study.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.; The reason for this request is for a pre-operative study.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request.	12
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	4
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	12
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	8
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted activity modification for the pain recently.	8

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted a home exercise program (HEP) for the pain recently.	20
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	8
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 7 weeks or more.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	8
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The sensory change is reported by the patient.; Clicked to continue	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	4

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	20
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having new back pain symptoms.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	8
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has received injections for the pain recently.	4

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient is having worsening back pain symptoms.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Anesthesiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4
Anesthesiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	16
Anesthesiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	4
Anesthesiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Anesthesiology	Disapproval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	Radiology Services Denied Not Medically Necessary	This is a request for a Brain PET scan; This study is not being ordered for refractory seizures, dementia, Alzheimer's disease or a Brain Tumor.	4
Cardiac Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were more than 7 days ago.	4
Cardiac Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	4
Cardiac Surgery	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		The procedure is planned in 6 months or less; The ordering provider's specialty is NOT Neurological Surgery; This request is for both Brain and Neck CT Angiography.; A pre operative evaluation is the reason for this request.	8
Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	4
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4

Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; It is not known whether surgery is scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	4
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	4
Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Cardiac Surgery	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; No other testing has been done in the last 6 weeks; The condition is suspected; This study is requested for congestive heart failure	4
Cardiac Surgery	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	8
Cardiac Surgery	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4
Cardiac Surgery	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; This study is being requested to evaluate the heart before non cardiac surgery	4
Cardiac Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Atherosclerosis is known or suspected; The procedure is planned in 6 months or less	4
Cardiac Surgery	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	4
Cardiac Surgery	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	20
Cardiac Surgery	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Cardiac Surgery	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4

Cardiac Surgery	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	8
Cardiac Surgery	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	4
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for evaluation of an abnormal heart rhythm.; This study is being ordered for none of the above or don't know.	4
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	4
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	24
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	4
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	8
Cardiac Surgery	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiac Surgery; The patient is On continuous oxygen therapy	4
Cardiac Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; There is a history of trauma.; This study is being ordered for Evaluation of a compression fracture	4
Cardiac Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	4

Cardiac Surgery	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4
Cardiac Surgery	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were more than 7 days ago.	8
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	4
Cardiology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		The procedure is planned in 6 months or less; The ordering provider's specialty is NOT Neurological Surgery; This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; A procedure is being considered for this problem.; The ultrasound showed 50 - 69% stenosis. ; The patient is having symptoms.	4
Cardiology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		The procedure is planned in 6 months or less; The ordering provider's specialty is NOT Neurological Surgery; This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; A procedure is being considered for this problem.; The ultrasound showed greater than or equal to 70% stenosis.	8
Cardiology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has NOT been an ultrasound of the neck or carotid arteries in the last 3 months.	8
Cardiology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; It is unknown if the dissection is known or suspected.	4
Cardiology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Neurological Surgery; The procedure is planned in 3 months or less; A Brain CTA is being requested	4

Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is NOT Neurological Surgery; Other was performed; A Brain CTA is being requested	4
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery; A Neck CTA is being requested	8
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	20
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	4
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed; A Neck CTA is being requested	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing			4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; No previous Chest CTA has been performed	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for a suspected Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; The patient does have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.	4

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known or Suspected Congenital Abnormality.; Yes, this is a request for a Chest CT Angiography.; The member is 19 or older.	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known Vascular Disease.; The reason for this request is unknown.; Yes, this is a request for a Chest CT Angiography.	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Suspected Vascular Disease.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.; This request is for another condition that is not listed.	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member does NOT have a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination; The patient has NOT had an Abdomen CTA, Chest CTA and or Pelvis CTA in the last 6 months	8
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery	4

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.; There is NOT a tumor with need to clarify vascular involvement.	8
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	24
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; The reason for this request is unknown.; Yes, this is a request for a Chest CT Angiography.	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgey is scheduled/planned.; Yes, this is a request for a Chest CT Angiography.	4

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	76
Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		This is a request for an MR Angiogram of the chest or thorax	16
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member does NOT have a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination; The patient has NOT had an Abdomen CTA, Chest CTA and or Pelvis CTA in the last 6 months	8
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	68
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4

Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing			4
Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery	4
Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	16
Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	4
Cardiology	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evalutation of coronary calcification.	8
Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This is a request for a Heart CT.	4
Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4

Cardiology	Approval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)		This is a request for Heart CT Congenital Studies.	8
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image			32
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	8
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		1.Abnormal stress test showing medium size area of moderate intensity distal anterior and apical reversible myocardial perfusion defect consistent with ischemia . With ongoing exertional dyspnea and dizziness . I discussed the results with the patient ; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		Andrew is here for follow-up. He reports doing okay however he had to go to the ER 1 more time since last visit. He was in Kentucky. He had a retrosternal chest pain. His evaluation was unremarkable. We discussed his cardiac test results including no; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		Atypical but has significant risk factors with age and obesity and hyperlipidemia. Along with that she has EKG changes of septal infarct and T wave inversions in the inferior leads. She is a intermediate risk CAD and hence proceed with a cardiac CTA. S; This is a request for CTA Coronary Arteries.; It is not known if other testing has been done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		Patient with chest pain so had Stress Echo on 4/14/26 . Stress Test came back abnormal with significant ST segment depression (2mm) in anterior and lateral leads. Request Coronary CTA for further evaluation.; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		Persistent AF since 2/26;;Due to symptomatic atrial fibrillation despite antiarrhythmic drug therapy I had a discussion with the patient regarding cryoablation of left atrium to achieve complete pulmonary vein isolation for more definitive management of; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		pt had gxt only ;;gxt only shows sinus rhythm to sinus tach;no ischemic change;occasional pvc's and 7 beat run of nsvt;Rec: Due to NSVT, recommend coronary cta ffr; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		see attached clinicals; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; No other testing has been done in the last 6 weeks; The condition is suspected; This study is requested for congestive heart failure	8
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The condition is known; This study is requested for coronary artery disease	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The condition is suspected; This study is requested for valve disorders	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	16

Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	60
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	64
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient is Female.; The condition is suspected; No other testing has been done in the last 6 weeks; The member is under 60 years old; This study is requested for coronary artery disease	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient is Male.; The condition is suspected; No other testing has been done in the last 6 weeks; The Member is 50 years old or older; The patient is experiencing chest pain; This study is requested for coronary artery disease	12
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	8
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	12
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	8
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	8
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	60
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; This study is requested for none of the above	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing			4
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Thromboembolism is known or suspected; It is unknown when the procedure is planned	4
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for post-procedural evaluation; A procedure other than listed was performed; The procedure was 6 months ago or less	4
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Atherosclerosis is known or suspected; The procedure is planned in 6 months or less	8
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Atherosclerosis is known or suspected; The procedure is planned in more than 6 months	4
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Thromboembolism is known or suspected; The procedure is planned in 6 months or less	4

Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	8
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Toe Brachial Index (TBI); The study was abnormal	8
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	72
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had Segmental Pressures; The study was abnormal	4
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	8
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was normal	8

Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had another study not listed	4
Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; Other cardiac stress testing was completed 6 months or less ago; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	12
Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via BBI.; Changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed More than 1 year ago; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	4
Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; Changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	32
Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	100

Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; Other cardiac stress testing was completed More than 6 months ago; Changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	4
Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; Other cardiac stress testing was completed More than 6 months ago; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	12
Cardiology	Approval	78451 Ht Muscle Image Spect Sing			16
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		. The patient is unable to perform treadmill exercise due to posterior tibial tendon dysfunction and an increased risk of falls; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if there are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		2D TTE shows a root dilation up to 4.6. CTA chest showed an ascending aortic dilation up to 3.8 cm but no aneurysm. There are some specks of calcium in the LAD. Has coronary artery disease. Already on a high intensity statin and a baby aspirin. Havin; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Additional clinical reasons for this study include evaluation of persistent dyspnea on exertion and fatigue in a patient with known peripheral arterial disease, prior myocardial infarction, diabetes mellitus, hypertension, and active tobacco use. The stud; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Angina pectoris; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		BACK PAIN PREVENTS HIM FROM HAVING A STRESS TEST; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Caller stated they will fax in clinicals; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Cardiac screening, high CAD risk; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Cardiac screening, low CAD risk; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		chest pain, cad, hypertension, hyperlipidemia, hx of tobacco us, family hx of cad, acute STEMI in 2022; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		CHEST PAIN, CARDIOMYOPATHY; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Chest pain, family history of heart disease; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Chest pain. Has some typical atypical features concerning for equivalent, multiple risk factors including hypertension, hyperlipidemia, family history of coronary artery disease and smoking.;We will proceed with MPI and echo for further evaluation.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Chest pain/anginal equiv, high CAD risk, treadmill candidate; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Chest pain/SOB on exertion: She has never had any ischemic workup. Will order pharm MPI. She has chronic pain in the right lega and states she cannot walk the treadmill. She is on ASA, plavix, and atorvastatin.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		copd, OBESITY BMI 33.3, HYPERTENSION, HX POLYSUBSTANCE ABUSE INCLUDING METHAMPHETAMINE AND MARIJUANA, TACHYCARDIA, SUBSTERNAL CP, SMOKER; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		copd,obesity bmi 39, hypertension, dyslipidemia, palpitations and substernal chest pain with exertion, ekg shows sinus tachycardia 115bpm with rightward axis deviation and low voltage qrs complexes in the precordial leads; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		DOT clearance ;Cardiac screening, high CAD risk; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Echocardiogram done 1/16/2026 at Mercy Hospital indicated left ventricular hypertrophy, left ventricular diastolic dysfunction, chronic heart failure with HFrEF PAF, left atrial dilatation, right atrial dilatation, mitral and tricuspid regurgitation, pulm; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		EKG: Normal sinus rhythm. Poor R wave progression from V1 through V3 suggestive of old anteroseptal MI. Nonspecific ST-T wave changes in anterior leads, possible anterior subepicardial ischemia.;Chief Complaint: Hip Pain, here for a Sacroiliac Joint Inje; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		EKG: Normal sinus rhythm. Right axis deviation. Intraventricular conduction delay. Suspicious Q waves in inferior leads.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		EKG: Sinus bradycardia. Nonspecific ST-T wave changes are present.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		EKG: Sinus bradycardia. Right bundle branch block.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		EKG: Sinus rhythm. NS T wave changes.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Enter answer here - or Type In Unknown If No InfThis is a pleasant 62 year old gentleman, with a stable medical history of three-vessel CAD, status post coronary stent, CABG on;1/8/25, hypertension, hyperlipidemia, TIAs and COPD, history of COVID-19 in A; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is requested for congestive heart failure.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		EXERCISE STRESS DONE 5/6/2026 SHOWING Poor exercise capacity for age;Non-diagnostic study; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Gary is a 43-year-old gentleman who is well-known to me into our service. He continues to do well following his hospitalization. He is walking greater than 20 minutes a day and is without complaints regarding that. He had a visit with Dr. Elesber yesterda; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Given the patient's severely elevated coronary calcium score, obtain treadmill Cardiolite for routine ischemic evaluation. Post Right total Knee Replacement 04/17/2023 unable to ambulate treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Giver her known CAD and worsening exertional symptoms, we have recommended a chemical stress test to evaluate for myocardial ischemia. She has a past medical history of coronary artery disease status post staged interventions of the LAD and RCA.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		HAD LEFT HEART CATHERIZATION ON 12/31/2025; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		HX CAD S/P STENT X2, CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		I recommend getting her into physical therapy and also myofascial release for her back pain and possible getting an MRI lumbar spine I do not know if her insurance requires therapy before they will do an MRI hopefully after we get that study we can determ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Known coronary artery disease with history of 3 coronary stents placed in 2020 History of cardiac catheterization in 2024 Recent new onset atrial fibrillation requiring TEE guided cardioversion on 04262026 Currently treated with Amiodarone Apixaban Aspiri; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		leg swelling.Newly diagnosed HFrEF with LVEF 40% per transthoracic echo. NYHA class I-II.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Medically complex patient. Cardiomegaly on recent CTA of chest. Patient has history of TIA requiring TPA. Also has NCS, CKD, UC, RA, and HTN. Episodes of dizziness 1-2 times daily with history of syncope.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		newly diagnosed cardiomyopathy. ischemic workup. BP too low to start beta blocker and creatinine too high to start heart failure medications.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Normal sinus rhythm, anteroseptal subepicardial injury.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		order nuclear MPS as pt tm stress test was nondiagnostic due to pt not reaching hr goal due to chest pain symptoms during study.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Patient exercised for 1:01 minutes on a Bruce protocol. They achieved a maximal heart rate of 114 BPM, 70%;their maximal predicted heart rate for age. They had no symptoms of chest pain or EKG changes to suggest ischemia at this;workload. The patient ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		patient has been experiencing blood pressure that bottoms out, hypotension, and has a history of a pulmonary embolism. The patient has had increased dyspnea with exertion and has also experienced faster fatigue.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Patient has shortness of breath on exertion. History includes heart failure, COPD, tobacco use, obesity. Patient is on home oxygen and unable to walk on a treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Patient with hypertension, chronic diastolic heart failure, and cardiovascular risk factors presented with new exertional shortness of breath and palpitations. The patient was evaluated for suspected coronary artery disease/myocardial ischemia. A Holter m; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Patient with multiple risk factors for coronary artery disease experiencing chest discomfort that radiates down left arm along with shortness of breath with exertion. She attempted rest-stress echocardiography, but test was equivocal due to submaximal st; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Persistent chest pain with a new complaint of shortness of breath. elevated heart rate with the use of diltiazem as well as other cardiac medications listed in the medication reconciliation in the clinic note. A recent ECG showed sinus tachycardia and ST/; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		PT UNABLE TO WALK ON TM DUE TO LIMITED WALKING ABILITY, SOB, DOE, CHEST PAIN, PVD, DM, NEUROPATHY; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Recommend and will order 2D echocardiogram, to be done ASAP, to follow-up on cardiomyopathy. Echocardiogram on 11/28/2025 showed an EF of 30 to 35%. Patient declined Life Vest. Further recommendations will follow depending upon results.EKG: Sinus rhythm; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Sinus bradycardia rate 54, right bundle branch block, poor R wave progression V1-V3 cannot rule out old anterior MI, inferior subendocardial injury, inferior subepicardial ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block; The patient had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study	40
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed more than 3 months ago	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	76
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; It is unknown when the symptoms began or changed	12
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed more than 3 months ago	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	12
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	32
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a Body Mass Index (BMI) greater than 40	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Right Coronary Artery	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a history of Coronary Artery Bypass Surgery (CABG); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed less than one year ago	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed less than one year ago	48
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	156
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	52

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	20
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	12
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	28
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the study is requested for suspected or known coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	24
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	44
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	20
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	100
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	8

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	16
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed more than one year ago	36
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	40
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	224
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	196
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	20

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	16
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		TILT TABLE STUDY, HOLTER MONITOR PLACEMENT, CARDIVASCULAR FUNTION EVALUATION, WITH ECG AND INTERMITTENT BLOOD PRESSURE MONITORING, CATHETER PLACEMENT IN CORONARY ARTERYS FOR CTA WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTIONS FOR T; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		to evaluate chest pain.;patient is also having ablation for chest pain, lexiscan needs to be done prior to ablation to rule out cardiac disease; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		unable to walk on treadmill due to ortho issues and arthritis. hx cad s/p stent and mi, sob, chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Unfortunately, labs do not explain symptoms. Normal electrolytes. Mild kidney dysfunction.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		UNK; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		We discussed the recent elevated calcium score and reviewed current medications. We talked about the benefit of initiating Crestor 20mg at this time. Recommended an echocardiogram and chemical (due to baseline knee pain) stress test for further evaluation; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is requested for congestive heart failure.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Who returns for follow-up and is seen in conjunction with the PA today. He has a history of palpitations and chest discomfort. We scheduled him for a GXT after his Lexiscan Cardiolite was denied by his insurance company. He was unable to exercise for more; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Worsening dyspnea on exertion fatigue known coronary artery disease hypertension hyperlipidemia evaluate for myocardial ischemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
Cardiology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with an Other Tracer	4
Cardiology	Approval	93307 Tte W/O Doppler Complete			244
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Non Specific EKG Changes; This study is being ordered for Follow-up to a prior test	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; This study is being ordered for Follow-up to a prior test	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	8

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic; This study is being ordered for a history of heart valve disease.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	16
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; This study is being ordered for Follow-up to a prior test	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; EKG has been completed; The EKG was considered abnormal; The abnormality was Q Wave changes; This study is being ordered for Follow-up to a prior test	44
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; EKG has been completed; The EKG was considered abnormal; The abnormality was ST wave changes; This study is being ordered for Follow-up to a prior test	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	68
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a pre-operative or post operative evaluation.	16
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for congenital heart disease.; This study is being ordered for none of the above or don't know.	16

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation of an abnormal heart rhythm.; This study is being ordered for none of the above or don't know.	60
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	48
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	28
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are NO new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	20
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done 3 or more months ago; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is Cardiology	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is Cardiology	16
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; It is unknown if this request is for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	16

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	180
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	32
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; It is unknown if this is being ordered for initial diagnosis of congenital heart disease, Annual follow up of congenital heart disease or Evaluation of change of clinical status.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	44
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	16
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	32
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	36
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has NOT been at least 12 months since the last echocardiogram was performed.; The patient is NOT experiencing new or changing symptoms related heart valves.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	20
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 4-6 months since the last echocardiogram.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	556
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	224
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	228
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	44
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patientÆs cardiac symptoms.	16
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	480

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	104
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	140
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	40
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this request is for initial evaluation of a murmur.; It is unknown if this is a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	16
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	20
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	20
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; Their enlarged heart may be due to known or suspected valve disease.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	44
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; Their enlarged heart is not due to any of the listed indications	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	16
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	32
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	16

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	16
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Pericardial Disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	1196
Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	24

Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Approval	93350 Stress Tte Only			48
Cardiology	Approval	93350 Stress Tte Only		been doing well since his last visit. He reports good exertional capacity and does not have any concerns about chest pain or shortness of breath. No reported palpitations or syncope. He is wanting to get certified to dive 130 m deep and had questions a; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	4
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	40
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	16

Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient has a Lower extremity amputation	12
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is On continuous oxygen therapy	8
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient	8
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via BBI.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); The ordering MDs specialty is Cardiology	4
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); Agree; The ordering MDs specialty is Cardiology	24
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled ; Agree; The ordering MDs specialty is Cardiology	64
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Right Coronary Artery	4
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above	4
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a Body Mass Index (BMI) greater than 40; Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	4
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	16

Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	8
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	16
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	8
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has NOT been performed recently; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology	4
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	4
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	24
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	540
Cardiology	Approval	93350 Stress Tte Only		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Cardiology	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is unknown when the procedure is planned; This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; A procedure is being considered for this problem.; The ultrasound showed 50 - 69% stenosis. ; The patient is having symptoms.	4
Cardiology	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4
Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed; A Neck CTA is being requested	4

Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.; This request is for another condition that is not listed.	4
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.; There is NOT a tumor with need to clarify vascular involvement.	8
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.; This request is for Pulmonary Hypertension.; The patient has NOT completed a recent echocardiogram and/or chest CT.	4
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; It is unknown if the patient has an elevated D-dimer blood test.	4
Cardiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	24
Cardiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	8

Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Cardiology	Disapproval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering provider's specialty is NOT Vascular Surgery, Interventional Radiology, Plastic Surgery, Thoracic Surgery, General Surgery, Urology or Surgical Oncology; This study is being requested for vascular disease.; The patient has a NEW onset of abdominal or back pain.	4
Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evalutation of coronary calcification.	48
Cardiology	Disapproval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for Heart CT Congenital Studies.	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	CHEST PAIN; This is a request for CTA Coronary Arteries.; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	Mrs. Beers has been sent for cardiovascular screening. She has a strong family history of coronary disease on her father side with multiple first degree relatives. She reports exertional shortness of breath. No chest pain. Her EKG is abnormal. It shows a; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	Patient is scheduled for heart surgery; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4

Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	8
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	16
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	40
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	8
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4

Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	4
Cardiology	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	4
Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; It is unknown if Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	4
Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	12
Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; Other cardiac stress testing was completed More than 6 months ago; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	12
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	1.Recurrent chest pain and patient at intermediate risk for having coronary artery disease likely indicative of angina. ;2.Hypertension: Blood pressure is unusually elevated today. ;3.Dyslipidemia. ;4.Diabetes mellitus. ;5.Metabolic syndrome.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Additional clinical reasons for the study include evaluation of intermittent palpitations with prior heart monitor findings suggestive of supraventricular tachycardia and possible paroxysmal atrial fibrillation assessment of dizziness and exertional short; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Chest pain on exertion, slurring of words, syncope, hypertension, diabetes, primary osteoarthritis involving multiple joints; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	cHEST PAIN WITH HISTORY OF PREVIOUS HEART ATTACK; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Chest pain, chronic, low-mod prob of CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	chest pain, hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	4

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Chest pain, nonspecific; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Continue current medications.;Pressure like chest pain. Exertional dyspnea. Multiple risk factors for CAD. Longtime smoker.;Blood pressure controlled. ;In sinus rhythm today. ;Obtain Lexiscan MPI and echocardiogram.;Continue heart healthy diet.;Advi; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Coronary artery disease s/p inferior STEMI with 100% thrombotic occlusion of mid RCA s/p PCI to RCA with Mid LAD myocardial bridge 4/20/22 s/p NSTEMI 06/2024 with PCI to proximal RCA. still with chronic fatigue that I suspect is more multifactorial and no; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	EKG shows a sinus rhythm with a rate of 71. QTC interval is 406. He has had chest discomfort which he describes as a pressure. He does have several risk factors for coronary disease including family history. We will get a Cardiolite study to evaluate ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Evaluation for cardiac clearance to participate in Radiological Technology clinical training in a patient with a history of spontaneous coronary artery dissection (SCAD). Testing is required to assess current cardiac function, rule out ischemia, and ensur; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	FAMILY HISTORY OF CAD;PATIENT C/O SHORTNESS OF BREATH AND CHEST PAIN.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Imaging needed for syncope, chest pain, palpitations, dizziness, seizures.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	irregular heartbeats, left sided chest pain, intermittent dizziness/lightheadedness, nicotene dependence,dyslipidemia, type 2 diabetes, hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	ORDERING TO EVALUTATE FOR CORONARY ARTERY BLOCKAGE; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Pancreatic cancer undergoing chemotherapy. Pt has intermittent chest tightenss.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Patient can't walk on a treadmill due to asthma and Schizoaffective disorder; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Patient has ongoing and progressive cardiopulmonary symptoms including central chest pain dyspnea on exertion palpitations and fatigue despite guideline directed medical therapy for known coronary artery disease and diastolic heart failure. Patient has mu; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Patient is having chest pain. Has known CAD with prior MI and stent.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Patient with known CAD status post-PCI in 2023 complaining of exertional chest pain and shortness of breath. She is unable to walk on a treadmill for multiple reasons, including unsteady gait, arthritis/joint pain, and claudication.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	presents for evaluation of shortness of breath, chest pain and fatigue.;She reports that she has history of significant anxiety and panic attacks. She has had these for some time.;For the last 2 to 3 weeks she has been having worsening and progressive ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Provider request MPI to evaluate chest pain following abnormal holter monitor results and maximum medical therapy for hypertension.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Pt experiencing chest pain. Multiple risk factors including: age over 55, long time smoker, HDL less than 35, immediate family history of CAD. Pt's father diagnosed with CAD.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Pt has congenital heart defect, family history of premature coronary artery disease (father died of heart attack in his 40's). He needs cardiac workup for DOT clearance.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	reports a syncopal episode approximately 4 to 5 months ago at home. He describes experiencing dizziness for a second when he coughs heavily. Denies other episodes of dizziness or lightheadedness outside of coughing episodes. He has experienced a total of ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	The Lexiscan nuclear stress test is being requested for timely evaluation of myocardial ischemia in a high-risk patient with established coronary artery disease and prior percutaneous coronary intervention with three stents (last in 2020). The patient has; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block; The patient had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a 52-year-old white male with past medical history of IDDM, hypertriglyceridemia, hypertension, obesity class I and GERD who presented for cardiovascular evaluation. EKG here shows sinus tachycardia with T wave inversions in the inferior leads. ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study	12
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	12
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; It is unknown when the symptoms began or changed	4

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	8
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; It is unknown when Other cardiac stress testing was completed	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed less than one year ago	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	4

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	16
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	12
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	32
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	12
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	12

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	24
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Unable to walk on treadmill secondary to RLE pain / swelling. The patient reports intermittent episodes of chest pain and shortness of breath. She woke up with chest pain and palpitations a few nights ago.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary		4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; This study is being ordered for Follow-up to a prior test	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The murmur is described as grade 3/6 or greater; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; This is a request for follow up; It is unknown if there has been a change in clinical status since the last Transthoracic Echocardiogram (TTE); It has been 3 years or more since the last Transthoracic Echocardiogram (TTE); The study is being ordered for a Murmur.; This study is being ordered for none of the above or don't know.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; EKG has been completed; The EKG was considered abnormal; The abnormality was ST wave changes; This study is being ordered for Follow-up to a prior test	4

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	12
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this request is for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 4-6 months since the last echocardiogram.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	28
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	12
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	16

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	72
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patientÆs cardiac symptoms.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	32
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It is unknown if it has been at least 24 months since the last echocardiogram was performed.	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	28
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	28
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; Their enlarged heart is not due to any of the listed indications	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	16
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	32

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	20
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	16
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Cardiology	Disapproval	93312 Echo Transesophageal	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	4
Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	20
Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	20
Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	4
Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	28

Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently.	4
Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	4
Colon & Rectal Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; The ordering provider is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist.	4
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of colorectal cancer. ; It has been more than 5 years since the patient has been treated for cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An ultrasound, EGD (esophagogastroduodenoscopy) or colonoscopy, and lab testing has been completed. ; The test did show findings that were concerning for cancer.	4
Colon & Rectal Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4

Colon & Rectal Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of colorectal cancer. ; It has been 5 years or less since the patient has been treated for cancer. ; The last Abdomen and Pelvis CT was completed less than 6 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Colon & Rectal Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a known cancer. ; The patient's current treatment plan is for initial staging. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Colon & Rectal Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	4
Dermatology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).; Clicked to continue	4
Doctors and Rehabilitation	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/30/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 05/27/2026; Post-Op; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4
Doctors and Rehabilitation	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		06/30/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 05/27/2026; Post-Op; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4

Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	4
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	8
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient is having worsening back pain symptoms.	4
Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	4
Emergency Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.	4
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has weakness and/or numbness of one side of the body.; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	8
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is worsening.	4
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	4
Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new diffuse numbness and tingling in the hands. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is a suspected or known spine infection. ; The patient's most recent White Blood Cell (WBC) is greater than 15,000 wbc. ; There is an abnormal x-ray. ; The x-ray was completed less than 2 weeks ago.	4

Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	4
Emergency Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	4
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	4
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	4
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	4
Emergency Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
Emergency Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4

Emergency Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed more than one year ago	4
Emergency Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	4
Emergency Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was not listed; This study is being ordered for Follow-up to a prior test	4
Emergency Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation of an abnormal heart rhythm.; This study is being ordered for none of the above or don't know.	4
Emergency Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4
Emergency Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4
Emergency Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4
Emergency Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4
Emergency Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8
Emergency Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Emergency Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 1 - 3 sessions. ; Neck pain is the reason for this request.	4
Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	4
Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new sensory changes in the legs or feet. ; The patient is having new back pain symptoms.	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment.	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is unknown.	4

Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	4
Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics	4
Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics	4
Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	4
Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the pelvis.	4
Emergency Medicine	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evalutation of coronary calcification.	4
Emergency Medicine	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	4
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing a new headache. ; The last brain MRI was completed between 12 - 18 months ago. ; The ordering provider's specialty is endocrinology.	4
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing a new headache. ; The last brain MRI was completed less than 12 months ago. ; The ordering provider's specialty is endocrinology.	4

Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing signs or symptoms that are not listed above. ; It is unknown when the last brain MRI was completed. ; The ordering provider's specialty is endocrinology.	4
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing signs or symptoms that are not listed above. ; The last brain MRI was completed between 12 - 18 months ago. ; The ordering provider's specialty is endocrinology.	4
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	8
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has trouble speaking. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This request is NOT for initial staging or restaging of liver, pancreatic or esophageal cancer.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	8
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	4
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	4
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.; This study is being ordered for a suspicious mass or tumor.	4
Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This request is NOT for initial staging or restaging of liver, pancreatic or esophageal cancer.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	20
Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4

Free Standing Surgery Center	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	4
Gastroenterology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; The ordering provider's specialty is gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	8
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; The requested study is for pre-operative evaluation.; The ordering provider's specialty is not general surgery, vascular surgery, surgical oncology, or hematology oncology.; This study is being ordered as a pre-op or post op evaluation.	4
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	4
Gastroenterology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	8
Gastroenterology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.; This is being requested for Surgery Planning; The ordering MDs specialty is NOT Vascular Surgery, Surgical Oncology, Surgery, or Urology.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	12
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have fevers or night sweats. ; The patient has lost more than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	16
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a fever greater than 101 degrees and has pain. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a fever greater than 101 degrees and has pain. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient's current treatment plan is for initial staging. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed an esophagogastroduodenoscopy (EGD) or colonoscopy.; This study is requested for evaluation of cancer or a tumor.	8
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed an ultrasound and esophagogastroduodenoscopy (EGD) or colonoscopy, and lab testing.; This study is requested for evaluation of cancer or a tumor.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has fevers or night sweats. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	20
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is planned but has not yet been completed. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed 3 - 6 months ago. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed 6 - 12 months ago. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed less than 3 months ago. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	8
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A kidney or ureteral stone was found on prior imaging.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; The prior imaging completed is something other than what is listed above.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	8
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed a low hemoglobin.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	20

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	20
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on blood work.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed cirrhosis.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	24
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	24
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is related to a solid organ transplant.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did have recent gallbladder surgery.; An ERCP is planned or being considered for this patient.; A MRCP or bile duct problem is the reason for this request.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	24
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has completed an ultrasound for this condition within the past 4 months. ; The results of the ultrasound were abnormal. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has NOT completed an ultrasound for this condition within the past 4 months. ; A prior CT or MRI has been completed within the last 12 months for this problem. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is 1.5 - 2.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	12
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is more than 2.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	8
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is for known inflammatory bowel disease. ; Inflammatory Bowel Disease (IBD) is the reason for this request.	16
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is for suspected inflammatory bowel disease. ; Inflammatory Bowel Disease (IBD) is the reason for this request.; The last colonoscopy was completed 6 - 12 months ago.	4
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	8

Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	8
Gastroenterology	Approval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing		This is a request for CT Colonoscopy for screening purposes only.	4
Gastroenterology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
Gastroenterology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8
Gastroenterology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; It is not known if this patient is experiencing hematuria.; This study is being ordered for a kidney/ureteral stone.	4
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	8
Gastroenterology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	16
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed elevated LFTs; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	12
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	8
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have fevers or night sweats. ; The patient has lost less than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4

Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is planned but has not yet been completed. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	12
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in an area not listed above.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	8
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on blood work.	4
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a hemangioma.	4
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed cirrhosis.	12
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient's liver problem is related to another reason not listed above. ; Other liver problems not related to a mass or tumor is the reason for this request.	4
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The size of the pancreatic cyst is unknown. ; A pancreatic cyst is the reason for this request.	8
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is for suspected inflammatory bowel disease. ; Inflammatory Bowel Disease (IBD) is the reason for this request.; The colonoscopy is not completed.	4
Gastroenterology	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Radiology Services Denied Not Medically Necessary	This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	8

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	84
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were 2 - 7 days ago.	12
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were less than 48 hours ago.	12
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were more than 7 days ago.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	12
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	20
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	60
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	36
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	24
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	28

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	16
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	8
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		The procedure is planned in 6 months or less; The ordering provider's specialty is NOT Neurological Surgery; This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; A procedure is being considered for this problem.; The ultrasound showed greater than or equal to 70% stenosis.	4
General/Family Practice	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has been a stroke or TIA within the past 2 weeks.	4
General/Family Practice	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; It is unknown if a procedure is being considered for this problem.; The ultrasound showed 50 - 69% stenosis. ; The patient is having symptoms.	4
General/Family Practice	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; It is unknown if the ultrasound showed stenosis.	4
General/Family Practice	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; The ultrasound did not show stenosis OR showed less than 10% stenosis.	4

General/Family Practice	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; The ultrasound showed 10 - 49% stenosis.	4
General/Family Practice	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; The dissection is suspected.	4
General/Family Practice	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	12
General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		There is suspicion of a bone infection, cholesteatoma or inflammatory disease.; This request is for an orbit, sella, internal auditory canal, temporal bone or mastoid CT.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	36
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4

General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	16
General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Aneurysm screening with 2 or more first degree family members having an aneurysm best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4
General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed; A Brain CTA is being requested	4
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	4
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	8
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	4
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	4
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		The patient did NOT have a stoke in the last month.; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has been a recent (less than 2 week) neck or carotid artery ultrasound.; The ultrasound showed stenosis or narrowing of the artery.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has dizziness.	4
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		The patient has a known aneurysm.; This is a request for a Brain MRA.	4
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; The patient does not have a known aneurysm.; This is a request for a Brain MRA.; This is for a suspected aneurysm.	8
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is having an acute headache that started in the last 24 hours.	4
General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		The patient did NOT have a stoke in the last month.; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has been a recent (less than 2 week) neck or carotid artery ultrasound.; The ultrasound showed stenosis or narrowing of the artery.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has dizziness.	4
General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.; The patient did NOT have an ischemic stroke or TIA (Transient Ischemic Attack) in the past 2 weeks.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a meningioma.; The ordering provider's specialty is NOT neurology.; The meningioma was diagnosed less than 3 years ago.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing a new visual field deficit. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing signs or symptoms that are not listed above. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has completed an eye exam.; The office visit note showed other findings than what is listed above.; This procedure is being requested for vision, nerve abnormality or complaint.; There is a concern for optic neuritis.; The ordering provider's specialty is NOT neurology or ophthalmology.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo along with a symptoms that is not listed above.; This procedure is being requested for dizziness or vertigo.	12
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and a change in vision.; This procedure is being requested for dizziness or vertigo.	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and a mental status change.; This procedure is being requested for dizziness or vertigo.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and hearing loss.; The patient's hearing loss is in one ear. ; This procedure is being requested for dizziness or vertigo.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and trouble walking or speaking.; This procedure is being requested for dizziness or vertigo.	28
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and vision loss.; This procedure is being requested for dizziness or vertigo.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has no additional symptoms with the dizziness or vertigo.; This procedure is being requested for dizziness or vertigo.	12
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has NOT completed an eye exam.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is NOT neurology.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; The patient has completed blood tests for this problem.; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed a neuro-psychological evaluation.; The memory testing showed mild memory impairment.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed another type of cognitive testing.	12
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is on medication(s) for this problem. ; There is a plan to start or switch the patient's treatment. ; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is NOT neurology.; The patient has known Multiple Sclerosis (MS).	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is on medication(s) for this problem. ; There is NOT a plan to start or switch the patient's treatment. ; The treatment was NOT changed in the past 3 - 6 months. ; There was NOT a brain MRI completed in the past one (1) year. ; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is NOT neurology.; The patient has known Multiple Sclerosis (MS).	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient's score from the memory testing was 23 - 25. ; The patient's blood work was not completed. ; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed the MMSE or MoCA cognitive testing.; The ordering provider's specialty is NOT neurology.	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for an aneurysm and/or a blood vessel problem.; There is a concern for an aneurysm or blood vessel problem.	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	48
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has a cancer other than brain or spinal cord, lung, melanoma, or breast cancer. ; The patient has a known cancer. ; The patient has a recurrence of cancer.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	20
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has new confusion or disorientation (altered mental status).; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a known stroke or mini stroke (TIA)	16
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	44
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; The injury occurred 3 or more weeks ago.	16
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; The injury occurred within the past few days.	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for tinnitus. ; The tinnitus is present in both ears. ; The tinnitus is described as a pulsatile, throbbing, or whooshing sound. ; The ordering provider's specialty is NOT otolaryngology.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for tinnitus. ; The tinnitus is present in both ears. ; The tinnitus is NOT described as a pulsatile, throbbing, or whooshing sound. ; The ordering provider's specialty is NOT otolaryngology.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	24
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has received brain imaging for this problem.	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is NOT on seizure medication(s).	12
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is stable.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is worsening.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older. ; The headache has been occurring for less than 4 weeks.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	32
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for less than 3 months with no prior history of headaches.	12
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for more than 3 months.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; It is unknown how long the headaches have been occurring.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	76
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	76
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		The study is for chronic cough.; A Chest X-ray has NOT been completed in the past 3 months.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		The study is for chronic cough.; A Chest X-ray was completed in the past 3 months.	4
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material		The study is for something other than listed.; This request is NOT related to a solid organ transplant.	4

General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 10 to 19 pack years.; The pack year (PPY) is documented in the patient's chart.	4
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	4
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.; There is a tumor with need to clarify vascular involvement.	4
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a suspected Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; The patient does have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.	4
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.; This request is for another condition that is not listed.	4
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	4

General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does have an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	8
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does have an elevated D-dimer blood test. ; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score.	8
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	20
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	4
General/Family Practice	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for pre-operative evaluation.; This is a request for a chest MRI.	4
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There has not been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4

General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; weakness in her quadriceps; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Neurological deficits	4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; This study is being ordered for Acute or chronic back pain including trauma or recent injury	8
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has a new increased difficulty with walking or keeping balance. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new difficulty grasping or holding objects. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new exam findings showing weakness, sensory changes or reflex changes in the arms or hands. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.; The reason for this request is for a pre-operative study.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has new neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has new neck pain symptoms. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam findings are 2 / 4 (2 out of 4) Normal reflex.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	12
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in their neck pain symptoms. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	16
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	16
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	16
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	20
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is weakness.; Leg weakness, bilateral, Mid-back pain, neuro deficit	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.;	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	4

General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is 49 or younger; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is having new back pain symptoms. ; Back pain is the reason for this request.; The patient has a normal neurological exam.; It is unknown how long the patient has been participating in this treatment; or no conservative care treatment has been completed.; The patient has attempted physical therapy for the pain recently. ; The patient has participated in conservative care treatment in the past 6 months. ; The orering provider's specialty is NOT orthopedics, anesthesia, or doctors and rehabilitation.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; It is unknown if the x-ray included flexion and extension views.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; The x-ray did include flexion and extension views. ; The x-ray showed instability.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; The x-ray did include flexion and extension views. ; The x-ray showed instability. ; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is an abnormal x-ray. ; The x-ray showed scoliosis. ; The patient is 10 years or older.	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having worsening back pain symptoms. ; Clicked to continue	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; The sensory change is reported by the patient.; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having new back pain symptoms. ; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at another clinic or hospital directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is not a copy of the home exercise program in the chart, the exercises were given at a different office.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; There is a decreased sensation documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	72
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently.	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	16
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is not graded.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is not graded.	8

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is not graded.; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4+ in the office visit note.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The weakness to the affected leg is not graded.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).	32
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4 in the office visit note.; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms.	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	20
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.	8

General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; An urinalysis has been completed in the last 3 months. ; The pain has been present for more than 2 weeks.	4
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; The ordering provider is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist.	4
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; The ordering provider is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist.	4
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Pelvic or groin pain is the reason for this request. ; Gynecological pain is the source of the pelvic or groin pain.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is not requested for evalution of elbow pain.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	20
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Over 2 months or treatment with no relief; The patient received oral analgesics.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; started 2/19/26. pt still has pain after treatment.; The patient received oral analgesics.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	32
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	4

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Right shoulder pain and weakness began after an injury during physical therapy for her back last year. She completed home-based physical therapy in 09/2025. Right shoulder x-ray in 03/2026 was normal. Received a shoulder injection on 03/30/2026. Despite t; The patient recevied medication other than joint injections(s) or oral analgesics.; meloxicam (MOBIC) 15 mg	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	8
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is NOT a Medicare member.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
General/Family Practice	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences			4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There is a pulsaitile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	12
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered for routine follow up.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has NOT had foot pain for over 4 weeks.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An Ultrasound showed an abnormality; The ordering MDs specialty is NOT Orthopedics	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics	24

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics	16
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics	16
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	12
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	64

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	12
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Prior surgery was noted as an indication for knee imaging; The surgery was NOT done in the past 90 days.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	12
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The member has a recent injury.	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for a mass, tumor or cancer.	4

General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	20
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	12
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	16
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	8
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	24

General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	8
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	4
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	4
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	8
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; It is not known if there is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is not a suspicion of fracture not adequately determined by x-ray.	4
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for post operative evaluation.	4
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; An urinalysis has been completed in the last 3 months. ; The pain has been present for more than 2 weeks.	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This request is NOT for initial staging or restaging of liver, pancreatic or esophageal cancer.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; The requested study is for pre-operative evaluation.; The ordering provider's specialty is not general surgery, vascular surgery, surgical oncology, or hematology oncology.; This study is being ordered as a pre-op or post op evaluation.	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	24

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	32
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	12
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; This study is being ordered for a suspicious mass or tumor.	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This patient is not experiencing hematuria.; This study is being ordered for a kidney/ureteral stone.	4
General/Family Practice	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	16
General/Family Practice	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.; The patient had a recent ultrasound.; This is being requested for Renal Artery Stenosis; The ordering MDs specialty is NOT Vascular Surgery, Nephrology, or Cardiology.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; It is unknown how long the pain has been present.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	24
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed elevated LFTs; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; It is unknown how long the pain has been present.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis shows 0 - 2 RBC/hpf. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis shows greater than 25 RBC/hpf. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; It is unknown if a kidney stone is suspected.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis was a dipstick urinalysis only. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The last Abdomen and Pelvis CT was completed 6 - 9 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; A mass or tumor was found on prior imaging.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The pain has been present for less than 2 weeks. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	20
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The pain has been present between 2 weeks and 3 months. ; The patient has completed an ultrasound for this problem. ; The imaging study was completed within the past month. ; No stone was identified in the prior imaging study. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The pain has been present for less than 2 weeks. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	20
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; It is unknown how long the pain has been present.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing a fever.; The patient is having abdominal and/or flank pain.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is between 12,000 - 15,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	12
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	12

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an ultrasound. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an ultrasound. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed other diagnostic testing not listed above. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have fevers or night sweats. ; The patient has lost more than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	12
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a fever greater than 101 degrees and has pain. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a fever greater than 101 degrees and has pain. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a fever greater than 101 degrees and has pain. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of kidney cancer. ; It has been less than 2 years since the patient has been treated for cancer. ; The last Abdomen and Pelvis CT was completed more than 6 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an ultrasound. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	12
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	20
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	24
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is NOT completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed 3 - 6 months ago. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed less than 3 months ago. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A kidney or ureteral stone was found on prior imaging.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal X-ray has been completed. ; Kidney stone(s) were found on prior imaging.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal X-ray has been completed. ; The prior imaging showed another finding not listed above.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal ultrasound has been completed. ; A kidney or ureteral stone was found on prior imaging.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal X-ray has been completed. ; Kidney stone(s) were found on prior imaging.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal CT scan has been completed. ; A possible abscess was found on prior imaging.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal ultrasound has been completed. ; A possible abscess was found on prior imaging.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal ultrasound has been completed. ; The findings from prior imaging is something other than listed above.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	60
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An ultrasound has been completed.; The test did show findings that were concerning for cancer.	16
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for 2 - 6 weeks.	12
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for less than 2 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	20
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in an area not listed above.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	104
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	120
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	28
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	84
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	20
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	20
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior abnormal liver imaging has another finding not listed above.	8
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	8

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An adrenal problem is the reason for this request. ; The adrenal problem was found on prior imaging.; It is unknown if the adrenal problem is cancer.; The adrenal problem was found on ultrasound.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An adrenal problem is the reason for this request. ; The adrenal problem was found on prior imaging.; The adrenal problem is NOT cancer.; The adrenal problem was found on a MRI.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	16
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did have recent gallbladder surgery.; An ERCP is NOT planned nor being considered for this patient.; A MRCP or bile duct problem is the reason for this request.	12
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	12
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has completed an ultrasound for this condition within the past 4 months. ; The results of the ultrasound were abnormal. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has NOT completed an ultrasound for this condition within the past 4 months. ; A prior CT or MRI has been completed more than 12 months ago. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has NOT completed an ultrasound for this condition within the past 4 months. ; A prior CT or MRI has been completed within the last 12 months for this problem. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	8
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a renal cyst. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	8
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; It has been less than 12 months since the last CT or MRI for this problem. ; It is unknown when the last abdomen MRI was completed. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; It has been less than 12 months since the last CT or MRI for this problem. ; The last abdomen MRI was completed more than 12 months ago. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; The patient has not completed a prior CT or MRI for this problem. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
General/Family Practice	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evalutation of coronary calcification.	4
General/Family Practice	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient is Male.; The condition is suspected; No other testing has been done in the last 6 weeks; The Member is 50 years old or older; The patient is experiencing chest pain; This study is requested for coronary artery disease	4

General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is unknown why this procecure is being requested	4
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	4
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	16
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; It is unknown if the patient had any other studies	4
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4

General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		AGATSON SCORE ABNORMAL, HYPERCHOLESTEROLIMA, ASTHMA; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		Chest pain/anginal equiv, intermediate CAD risk, not treadmill candidateNo Info Given.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		Palpitations;Primary hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is unknown if Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is unknown if Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed less than one year ago	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	12

General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	8
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	16
General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patients cancer type is unknown.	4
General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	4
General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Fluciclovine (18F).	4

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation of an abnormal heart rhythm.; This study is being ordered for none of the above or don't know.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.; This study is being ordered for none of the above or don't know.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	8
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	8
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	12
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	4

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	24
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	8
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	40
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	20
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	16
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	104
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	12
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	16
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	20
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	8

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	12
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Pericardial Disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	56
General/Family Practice	Approval	93350 Stress Tte Only		The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	4
General/Family Practice	Approval	93350 Stress Tte Only		The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient is Male.	4
General/Family Practice	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	4
General/Family Practice	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	8
General/Family Practice	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	20
General/Family Practice	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	12

General/Family Practice	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; It is not known if the member has known or suspected coronary artery disease.	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	96
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	20
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test.	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	60
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache, elevated sedimentation rate and or the patient is over 55 years old; Headache best describes the reason that I have requested this test.	8
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	20
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	28
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	8
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; It is unknown if there has been a stroke or TIA within in the past 2 weeks.	4
General/Family Practice	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has NOT been a stroke or TIA within the past 2 weeks.	4
General/Family Practice	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; The ultrasound showed 10 - 49% stenosis.	4
General/Family Practice	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	8
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.	4
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.	4

General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	16
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine needle aspirate was done.	8
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	8
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	8
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed; A Brain CTA is being requested	4
General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8

General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing fatigue. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient has dizziness or vertigo along with a symptoms that is not listed above.; This procedure is being requested for dizziness or vertigo.	8
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and trouble walking or speaking.; This procedure is being requested for dizziness or vertigo.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	8
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed another type of cognitive testing.	8
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient's score from the memory testing was 22 or below. ; The patient's CBC, CMP, TSH, and Vitamin B12 results were abnormal. ; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed the MMSE or MoCA cognitive testing.; The ordering provider's specialty is NOT neurology.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	20
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for either a known or suspected stroke or TIA.; This request is for a known stroke or mini stroke (TIA)	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	12
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for head trauma or concussion.; The injury occurred 3 or more weeks ago.	12
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; The hearing loss is present in both ears. ; The ordering provider's specialty is NOT otolaryngology.	4

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is NOT on seizure medication(s).	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	16
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for more than 3 months.	8
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; It is unknown how long the headaches have been occurring.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	24
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	60
General/Family Practice	Disapproval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Radiology Services Denied Not Medically Necessary	; Yes, this is a Functional MRI Brain.	4
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The study is for something other than listed.; This request is NOT related to a solid organ transplant.	4
General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known Vascular Disease.; The reason for this request is unknown.; Yes, this is a request for a Chest CT Angiography.	4
General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.; There is NOT a tumor with need to clarify vascular involvement.	12

General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; It is unknown if the patient has an elevated D-dimer blood test.	4
General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does have an elevated D-dimer blood test. ; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score.	4
General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does NOT have an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	12
General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does NOT have an elevated D-dimer blood test. ; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score.	4
General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	4
General/Family Practice	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	4
General/Family Practice	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	4

General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is NOT experiencing or presenting symptoms of any of the listed neurological deficits.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is not known if there has been a supervised trial of conservative management for at least six weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	8
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	8
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.	4
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	16
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; It is not known if there is x-ray evidence of a lumbar recent fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for None of the above	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.; It is not known if there has been a recurrence of symptoms following surgery.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or Orthopedics; This study is being ordered for Follow-up to Surgery within the last 6 months	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; This study is being ordered for None of the above	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	8
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; This study is being ordered for None of the above	4

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has another sign or symptom not listed. ; Suspected myelopathy is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has new diffuse numbness and tingling in the hands. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has new exam findings showing weakness, sensory changes or reflex changes in the arms or hands. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	24
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	16
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has new neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	12
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam showed 4+ / 5 (4+ out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 11 or more sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	16
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has new neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	12

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam showed 4+ / 5 (4+ out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	12

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	60
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The x-ray showed a pars defect. ; The x-ray did include flexion and extension views. ; The x-ray did NOT show instability. ; An abnormal x-ray is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The x-ray showed scoliosis. ; The patient is 10 years or older.; An abnormal x-ray is the reason for this request.	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	16
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Severe Scoliosis ; It is unknown if there are neurological deficits on physical exam	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4

General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is presenting with new symptoms of bowel or bladder dysfunction	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	8
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	12
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Severe Scoliosis ; It is unknown if there are neurological deficits on physical exam	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; PARoxetine HCl 20 MG Tablet 1 tablet in the morning Orally Once a day;Lisinopril 5 MG Tablet 1 tablets Orally Once a day;Methocarbamol 500 MG Tablet 1 tablet Orally Three times a day;Levocetirizine Dihydrochloride 5 MG Tablet 1 tablet in the evening Or; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Musculoskeletal:: Motor Strength and Tone: normal tone and abnormal (4/5 lue). Joints, Bones, and Muscles: no contractures, malalignment, or bony abnormalities and normal movement of all extremities and tenderness (left cervical paraspinal and central cer	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	8
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	8
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There has not been a recurrence of symptoms following surgery.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or Orthopedics	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Patient falls due to legs giving way. Patient has peripheral polyneuropathy.	4

General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	8
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is 50 or older; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; There is NOT a concern that this fracture is related to cancer.; The patient is having new nerve complaints.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is a suspected or known spine infection. ; The patient's most recent White Blood Cell (WBC) is less than 12,000.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; It is unknown if the x-ray included flexion and extension views.	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; The x-ray did NOT include flexion and extension views.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is an abnormal x-ray. ; The x-ray showed scoliosis. ; The patient is 10 years or older.	16
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	8
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	12
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The weakness to the affected leg is not graded.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is unknown.; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having worsening back pain symptoms.	8

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having worsening back pain symptoms. ; Clicked to continue	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	16
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	60
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 7 weeks or more.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; It is unknown how many days a week the patient participated in the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	20
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	48
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 7 weeks or more.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	16
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient.	12
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	24

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown what the sensory exam findings are. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The home exercise program was self directed either at home or gym.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at another clinic or hospital directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is not a copy of the home exercise program in the chart, the exercises were given at a different office.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; The sensory change is reported by the patient.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	12
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	12
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having new back pain symptoms.	16
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	116
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	12
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently.	8
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 1 - 2 days per week.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	8
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having new back pain symptoms.	8
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	80
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is not graded.	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is not a copy of the home exercise program in the chart, but there is the name of the exercises in the chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; The weakness to the affected leg is not graded.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The home exercise program was self directed either at home or gym.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The weakness to the affected leg is unknown.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4+ in the office visit note.	8
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The weakness to the affected leg is not graded.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The weakness to the affected leg is unknown.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	8

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 7 weeks or more.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has received injections for the pain recently.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; It is unknown what the reflex exam findings are. ; The reflex changes are in one leg or foot. ; The patient is having worsening back pain symptoms.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown what the reflex exam findings are. ; The reflex changes are in one leg or foot. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having new back pain symptoms. ; The patient has attempted chiropractic care for the pain recently.	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The reflex changes are in both legs and feet. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is not a copy of the home exercise program in the chart, the exercises were given at a different office.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; It is not yet determined when the patient will have back surgery.	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	44
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	8
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	16
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Severe Scoliosis ; It is unknown if there are neurological deficits on physical exam	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is presenting with new symptoms of bowel or bladder dysfunction	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	8

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is NO physical or radiological evidence of a pelvic fracture.; This is a request for a Pelvis CT.; The ordering provider is NOT a gastroenterologist, urologist, gynecologist, or surgeon.	4
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	12
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity.	8

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	8
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	12
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; It is not known what type of medication the patient received.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	24
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	8

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	36
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	56
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has not been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	8
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	12
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	16
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	16
General/Family Practice	Disapproval	73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity MR Angiography.	4
General/Family Practice	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	There is a pulsaitile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for known dislocation.; The dislocation is NOT reducible.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; It is not known if the patient has had a recent bone scan.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	8
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics	36
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	8

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics	12
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics	24
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	8
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	16
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	8

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	36
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Suspicion of infection was noted as an indication for knee imaging	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	24
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	32
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	8
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	16

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	8
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	12
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	32

General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	16
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms	4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	12
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This request is NOT for initial staging or restaging of liver, pancreatic or esophageal cancer.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	12
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are clinical findings or indications of Diabetic patient with gastroparesis.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are clinical findings or indications of Hematuria.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	12

General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	4
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	28
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	4
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; This study is being ordered for a suspicious mass or tumor.	12
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This patient is experiencing hematuria.; This is NOT a Medicare member.; This study is being ordered for a kidney/ureteral stone.	12
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This request is for repeat imaging to a known abdominal trauma.; This study is being ordered for trauma.	4
General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	20
General/Family Practice	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.; The patient has NOT had a recent ultrasound.; This is being requested for Renal Artery Stenosis	4
General/Family Practice	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.; This is being requested for None of the above	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	32
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	12

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed an urinary tract infection. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed an urinary tract infection. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed an urinary tract infection. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	12
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; It is unknown how long the pain has been present.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	36
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if there is a concern for an urinary tract infection (UTI).; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; The pain has been present between 2 weeks and 3 months. ; The patient has completed an abdominal X-ray or KUB for this problem. ; The imaging study was completed within the past month. ; No stone was identified in the prior imaging study. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	40
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The pain has been present between 2 weeks and 3 months. ; The patient does not have pain or fever, an elevated white blood cell count or a reduced white blood cell count, and is not taking medication for this concern. ; The patient has not completed any imaging for this problem. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	16
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	28

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	12
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is between 12,000 - 15,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	8

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed other diagnostic testing not listed above. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing a fever.; The patient is having abdominal and/or flank pain.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have fevers or night sweats. ; The patient has lost less than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have fevers or night sweats. ; The patient has lost more than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a fever greater than 101 degrees and has pain. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; It is unknown if the patient has completed an ultrasound, esophagogastroduodenoscopy (EGD) or colonoscopy, and/or lab testing; or it has not been completed. ; This study is requested for evaluation of cancer or a tumor.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; It is unknown if a kidney stone is suspected.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	16
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is planned but has not yet been completed. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed 6 - 12 months ago. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; A cyst was found on prior imaging.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; The prior imaging completed is something other than what is listed above.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal X-ray has been completed. ; The prior imaging showed another finding not listed above.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	48
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; It is unknown what type of prior imaging has been completed.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed a low hemoglobin.	12
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for 2 - 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	28
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in an area not listed above.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	16
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the pelvis.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	28
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	20
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	24
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on blood work.	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	12
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	28

General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Colonoscopy for screening purposes only.	4
General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evalutation of coronary calcification.	36
General/Family Practice	Disapproval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	4
General/Family Practice	Disapproval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	12
General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	40
General/Family Practice	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	8
General/Family Practice	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Blood pressure has been elevated, particularly when experiencing anxiety after marijuana use. He has been attempting to manage anxiety and blood pressure with prescribed medication but does not regularly monitor blood pressure at home. He reports a readin; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Exertional dyspnea and chest pain;with hypertension, history of smoking and stenosis unable to complete exercise stress test; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	She has been having episodes of elevated blood pressure. This occurs every week or two and lasts 2-3 days at a time. She has headache, facial flushing and some chest discomfort when this happens. She is taking the Lisinopril daily.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	SOB; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed more than 3 months ago	8
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	4
General/Family Practice	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a PET Scan; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
General/Family Practice	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed confirm chest pain was of cardiac origin; This study is being ordered for Chest pain of suspected cardiac etiology	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	12

General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	176
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	8
Geriatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
Geriatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Geriatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; It is unknown if the patient has completed an eye exam.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is NOT neurology.	4
Geriatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Geriatrics	Disapproval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Radiology Services Denied Not Medically Necessary	Memory loss: Patient scored a 12 out of 30 on her MoCA examination today. Some difficulty with her memory especially with recalling details of the past. She did tell me 3-4 times during the visit today that she has written a book that I should read. He; Yes, this is a Functional MRI Brain.	4
Geriatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4

Geriatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Geriatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
Geriatrics	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; The patient had an Other (not listed) objective memory assessment within the past 12 months; Alzheimer's disease is the primary reason for this study.	4
Gynecologic Oncology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does have an elevated D-dimer blood test. ; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score.	4
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	8
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is a gynecologist oncologist.	24
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	8
Gynecologic Oncology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	4
Gynecologic Oncology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; The requested study is for pre-operative evaluation.; The ordering provider's specialty is not general surgery, vascular surgery, surgical oncology, or hematology oncology.; This study is being ordered as a pre-op or post op evaluation.	4

Gynecologic Oncology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	24
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	12
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	8
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known brain tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	8
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The type of tumor is unknown.; Known or suspected tumor best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material			4

Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	84
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	24
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	80
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.	4
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has been diagnosed with cancer.	4
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	16
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; The ordering provider's specialty is NOT Otolaryngology, Surgery, Neurological Surgery or Oral/Maxillofacial.	4
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	8
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	8
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	4
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	24
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			12

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	20
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo along with a symptoms that is not listed above.; This procedure is being requested for dizziness or vertigo.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has no additional symptoms with the dizziness or vertigo.; This procedure is being requested for dizziness or vertigo.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	44
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has a cancer other than brain or spinal cord, lung, melanoma, or breast cancer. ; The patient has a known cancer. ; The patient has a new diagnosis of cancer.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has a cancer other than brain or spinal cord, lung, melanoma, or breast cancer. ; The patient has a known cancer. ; The patient has a recurrence of cancer.	8
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has a known cancer. ; The patient's cancer is being monitored or under surveillance.	12
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has lung cancer. ; The patient has a known cancer. ; The patient has a new diagnosis of cancer.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has lung cancer. ; The patient has a known cancer. ; The patient has a recurrence of cancer.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has melanoma. ; The patient has a known cancer. ; The patient has a new diagnosis of cancer.	4

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is on current treatment for cancer. ; The patient has a known cancer.	32
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	12
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has new confusion or disorientation (altered mental status).; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	16
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has trouble speaking. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	8
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has weakness and/or numbness of one side of the body.; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	28
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	12
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	8
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	4
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing			4
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	8
Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	12
Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a known tumor.; This study is being ordered for staging.; This is a request for a chest MRI.	8
Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for inflammatory disease.; This is a request for a chest MRI.	4
Hematologist/Oncologist	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Hematologist/Oncologist	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient is 50 years of age or older.; There is no history of trauma.; This study is being ordered for Evaluation of a compression fracture	4
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This case was created via BBI.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for None of the above	4
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is being ordered to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	8
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy	4
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	16

Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	4
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This case was created via BBI.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for None of the above	4
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is being ordered to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	8
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy	4
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	16
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	4
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	4
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	8
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This case was created via BBI.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for None of the above	4
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is being ordered to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	8
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy	4

Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	16
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	4
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for known cancer. ; The patient is having new nerve complaints.	4
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for known cancer. ; The patient is NOT having new nerve complaints. ; The patient is currently on treatment for cancer.	4
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material		The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	8
Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material		The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	8
Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.	4
Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			12
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The ordering provider is a hematologist oncologist. ; Cancer or tumor is the reason for this request. ; The patient has a suspected cancer or tumor. ; According to the patient's chart colorectal or anal cancer is known or suspected.	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The ordering provider is a hematologist oncologist. ; Cancer or tumor is the reason for this request. ; The patient has a suspected cancer or tumor. ; According to the patient's chart uterine, vulvar, or ovarian cancer is known or suspected.	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is known; This is being requested for follow-up for active treatment.	4

Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; It is not known what type of medication the patient received.	4
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms	4
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	24
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	16
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	4
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material			4

Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	16
Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	8
Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is requested to detect residual cancer after a course of treatment has been completed?	4
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material			4
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This request is for initial staging or restaging of liver, pancreatic or esophageal cancer.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This request is NOT for initial staging or restaging of liver, pancreatic or esophageal cancer.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	8
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; This study is being ordered for a suspicious mass or tumor.	4
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	8
Hematologist/Oncologist	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4

Hematologist/Oncologist	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			72
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed an urinary tract infection. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed elevated LFTs; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The last Abdomen and Pelvis CT was completed less than 6 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal CT scan has been completed. ; A mass or tumor was found on prior imaging.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	16
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is a hematologist oncologist.	688
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is a hematologist oncologist.; This study is requested for evaluation of cancer or a tumor.	40
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	136
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	40
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	8

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An ultrasound and EGD (esophagogastroduodenoscopy) or colonoscopy has been completed. ; The test did show findings that were concerning for cancer.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; It is unknown what type of prior imaging has been completed.	12
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; It is unknown if the patient has abdominal pain.	8
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	8
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)			12
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found in another way that is not listed.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An adrenal problem is the reason for this request. ; The adrenal problem was found on prior imaging.; It is unknown if the adrenal problem is cancer.; The adrenal problem was found on CT.; This is the first time a CT has been performed.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An adrenal problem is the reason for this request. ; The adrenal problem was found on prior imaging.; The adrenal problem is NOT cancer.; The adrenal problem was found on CT.; This is the first time a CT has been performed.	8
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		It has been 2 - 5 years since the patient was last treated for cancer. ; The last abdomen MRI was completed 12 - 18 months ago. ; An adrenal problem is the reason for this request. ; The adrenal problem was found on prior imaging.; The adrenal problem is cancer.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	28
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a confirmed diagnosis of cancer from this mass or tumor. ; The patient was last treated for cancer within the past 2 years. ; It is unknown when the last abdomen MRI was completed. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed cancer.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a confirmed diagnosis of cancer from this mass or tumor. ; The patient was last treated for cancer within the past 2 years. ; The last abdomen MRI was completed less than 3 months ago. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed cancer.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; The patient has not completed a prior CT or MRI for this problem. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	8

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient's liver problem is related to another reason not listed above. ; Other liver problems not related to a mass or tumor is the reason for this request.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is more than 2.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		This is a request for an MRI Bone Marrow.	12
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		The patient has a current or past history of diagnosed cancer.	4
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	20
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	60
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); It is unknown if this is for a new diagnosis (initial staging)	20
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	100

Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Breast cancer.	12
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Melanoma.	12
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	228
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with an Other Tracer	4
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Dotatate.	12
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	12
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete			4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	4

Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Hematologist/Oncologist; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	16
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	8
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	12
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	12
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	40
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	28
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	8

Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	8
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	20
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the patient's tumor.; Known or suspected tumor best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	16
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The type of tumor is unknown.; Known or suspected tumor best describes the reason that I have requested this test.	4
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4

Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Hematologist/Oncologist	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	16
Hematologist/Oncologist	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	24
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient has no additional symptoms with the dizziness or vertigo.; This procedure is being requested for dizziness or vertigo.	4
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for cancer or tumor.; The patient has weakness and/or numbness of one side of the body.; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Hematologist/Oncologist	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	4
Hematologist/Oncologist	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has an elevated D-dimer blood test. ; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score.	4
Hematologist/Oncologist	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a known tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a chest MRI.	4
Hematologist/Oncologist	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a known tumor.; This study is being ordered for staging.; This is a request for a chest MRI.	8
Hematologist/Oncologist	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for inflammatory disease.; This is a request for a chest MRI.	4
Hematologist/Oncologist	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for staging.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for known tumor with or without metastasis.	4

Hematologist/Oncologist	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
Hematologist/Oncologist	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	4
Hematologist/Oncologist	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	8
Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	4
Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	8
Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	4
Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	4
Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	4
Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered due to known or suspected vascular disease.; There is NOT plain film, ultrasound or Doppler evidence of a vascular abnormality.; This is a request for a Pelvis CT.; The ordering provider's specialty is NOT Surgery	4
Hematologist/Oncologist	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering MDs specialty is NOT Orthopedics or Rheumatology.	4

Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4
Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4
Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	28
Hematologist/Oncologist	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	16
Hematologist/Oncologist	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for a mass, tumor or cancer.	4
Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Hematologist/Oncologist	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	16
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a known cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is a hematologist oncologist.	32
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a suspected tumor or cancer. ; The ordering provider is a hematologist oncologist.; This study is requested for evaluation of cancer or a tumor.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	16
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed a low hemoglobin.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient does NOT have abdominal pain.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in an area not listed above.	4
Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient has a renal cyst. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Breast cancer.	4
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	12
Hematologist/Oncologist	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	4
Hospital	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Hospital	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Hospital	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Hospital	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Hospital	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Marfan's syndrome.; This is for the initial evaluation of MarfanÆs Syndrome.	4
Hospital	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Hospital	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Hospital	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	4
Hospital	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4
Industrial Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4
Infectious Diseases	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is a suspected or known spine infection. ; The patient's most recent White Blood Cell (WBC) is greater than 15,000 wbc. ; There is an abnormal x-ray. ; The x-ray was completed less than 2 weeks ago.	4
Infectious Diseases	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is a suspected or known spine infection. ; The patient's most recent White Blood Cell (WBC) is less than 12,000.	4
Infectious Diseases	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; It is unknown if there are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	4
Infectious Diseases	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.; This study is being ordered for a suspicious mass or tumor.	4
Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4

Infectious Diseases	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Infectious Diseases	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	4
Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were 2 - 7 days ago.	4
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	8
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	4
Internal Medicine	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is scheduled in the next 30 days.	4
Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Internal Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	4
Internal Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; This is a request for a Brain MRA.; This is for a suspected aneurysm.; The patient is having an acute headache that started in the last 24 hours.	4

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has completed an eye exam.; Ocular nerve palsy is documented in the patient's office visit note.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is NOT neurology or ophthalmology.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and a change in vision.; This procedure is being requested for dizziness or vertigo.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and a mental status change.; This procedure is being requested for dizziness or vertigo.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and trouble walking or speaking.; This procedure is being requested for dizziness or vertigo.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has new nerve symptoms. ; This procedure is being requested for Multiple Sclerosis (MS).; The patient has suspected Multiple Sclerosis (MS).	12
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient's score from the memory testing was 26 - 27. ; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed the MMSE or MoCA cognitive testing.; The ordering provider's specialty is NOT neurology.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	12

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	16
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; The injury occurred 1 - 2 weeks ago.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is worsening.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for more than 3 months.	8
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	16
Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	4

Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	8
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; It is not known if there is x-ray evidence of a lumbar recent fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Pt has difficulty with adl's and lifting due to back pain.	4

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; The x-ray did NOT include flexion and extension views.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The weakness to the affected leg is not graded.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted a home exercise program (HEP) for the pain recently.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	8
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for known cancer. ; The patient is having new nerve complaints.	4

Internal Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	4
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	8
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	4
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	4
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	4
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	4
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	8
Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	8

Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; The requested study is for pre-operative evaluation.; The ordering provider's specialty is not general surgery, vascular surgery, surgical oncology, or hematology oncology.; This study is being ordered as a pre-op or post op evaluation.	4
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	4
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; This study is being ordered for a suspicious mass or tumor.	4
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for solid organ transplant.	8
Internal Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Internal Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis shows greater than 25 RBC/hpf. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The pain has been present for less than 2 weeks. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a fever greater than 101 degrees and has pain. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Recurrence (known or suspected is the patient's current cancer status. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	12
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of kidney cancer. ; It has been between 2 - 5 years since the patient has been treated for cancer. ; The last Abdomen and Pelvis CT was completed more than 18 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	8
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; A cyst was found on prior imaging.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; Hydronephrosis was found on prior imaging.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	16
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	20

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	4
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	8
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	8
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a renal cyst. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Internal Medicine	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evalutation of coronary calcification.	8
Internal Medicine	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The condition is suspected; This study is requested for valve disorders	4
Internal Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	4
Internal Medicine	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is unknown if Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed more than 3 months ago	4

Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is On continuous oxygen therapy	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed less than one year ago	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	8
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	12
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Internal Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4

Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; This study is being ordered for Chest pain of suspected cardiac etiology	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a pre-operative or post operative evaluation.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	8
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is NOT for initial evaluation of a murmur.; It is unknown if this is a request for follow up of a known murmur.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	12
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	12
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	8

Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	12
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Internal Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	4
Internal Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	4
Internal Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member has a history of cardiac disease; Cardiac testing has been performed recently; It's been less than 1 year since the last cardiac testing was completed	4
Internal Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	4
Internal Medicine	Approval	93350 Stress Tte Only		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	12
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4

Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	12
Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	4
Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Internal Medicine	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	4
Internal Medicine	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	4
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing signs or symptoms that are not listed above. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	4
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	4
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed another type of cognitive testing.	4

Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	12
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; The hearing loss is present in both ears. ; The ordering provider's specialty is NOT otolaryngology.	4
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	8
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The study is for something other than listed.; This request is NOT related to a solid organ transplant.	8
Internal Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	4
Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
Internal Medicine	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has new diffuse numbness and tingling in the hands. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4

Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	12
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; It is not known when surgery is scheduled.	4
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; It is unknown if the x-ray included flexion and extension views.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having worsening back pain symptoms.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	8
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I do NOT have the required documentation at this time. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; It is unknown how the sensory change was documented.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	28
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 7 weeks or more.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	12

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Internal Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Internal Medicine	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	4
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4

Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	4
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	4
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	4
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	4
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics	4
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	12
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	4
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4

Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	8
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	4
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	8
Internal Medicine	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed an urinary tract infection. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	8
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a fever greater than 101 degrees and has pain. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing a fever.; The patient is having abdominal and/or flank pain.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is NOT completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for 2 - 6 weeks.	4

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	8
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on blood work.	4
Internal Medicine	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	- Patient has chronic right shoulder pain for 4.5 years following a hoverboard fall, with a positive empty can sign on exam indicating possible supraspinatus or infraspinatus pathology, although she has maintained remarkable function through CrossFit and ; Requestor has decided to proceed with the unlisted code.	4
Internal Medicine	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	CPT CODE 70551 - FOR WORSENING HEADACHES; Requestor has decided to proceed with the unlisted code.	4
Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	4
Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4
Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; This study is being ordered for Follow-up to a prior test	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation of an abnormal heart rhythm.; This study is being ordered for none of the above or don't know.	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It has NOT been at least 24 months since the last echocardiogram was performed.; The patient has high blood pressure	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	4

Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair	4
Internal Medicine	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	4
Internal Medicine	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	4
Internal Medicine	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	4
Interventional Radiologists	Approval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for a pelvis CT angiography.	12
Interventional Radiologists	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	A gynecological problem is the reason for this request. ; Uterine fibroids is the source of the patient's gynecological problem.	4
Multi-Specialty (2 or more)	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.; This study is being ordered for a Pre-operative evaluation.	4
Multi-Specialty (2 or more)	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Surgery is not scheduled within the next 4 weeks.; This study is being ordered for Pre-Operative Evaluation	4
Multi-Specialty (2 or more)	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago	4

Multi-Specialty (2 or more)	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
Multi-Specialty (2 or more)	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Multi-Specialty (2 or more)	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Multi-Specialty (2 or more)	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Multi-Specialty (2 or more)	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Multi-Specialty (2 or more)	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having new back pain symptoms.	4
Multi-Specialty (2 or more)	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Multi-Specialty (2 or more)	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago	4
Nephrology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Aneurysm screening with 2 or more first degree family members having an aneurysm best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4
Nephrology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4

Nephrology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Nephrology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This request is NOT for initial staging or restaging of liver, pancreatic or esophageal cancer.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Nephrology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Nephrology	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)		This study is being requested for vascular abnormalities.; The patient does not have a NEW onset of abdominal or back pain.; The renal (Kidney) is involved.; It is unknown if prior imaging has been conducted	4
Nephrology	Approval	78813 Positron emission tomography (PET) imaging; whole body		The patient has a current or past history of diagnosed cancer.	4
Nephrology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	4
Nephrology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Nephrology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A mass or tumor was found on prior imaging.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	8
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were more than 7 days ago.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	8

Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is a follow up request for a known hemorrhage/hematoma or vascular abnormality	12
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	12
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known brain tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	12
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Neurological Surgery	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; The dissection is suspected.	4
Neurological Surgery	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4
Neurological Surgery	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Neurological Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4

Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Aneurysm screening with 2 or more first degree family members having an aneurysm best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is Neurological Surgery; A Brain CTA is being requested	12
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed; A Brain CTA is being requested	4
Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is Neurological Surgery; A Neck CTA is being requested	4
Neurological Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The sudy is ordered for pre-operative evaluation	4
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; This is a request for a Brain MRA.; This is for a suspected aneurysm.; The patient is having an acute headache that started in the last 24 hours.	4
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a meningioma.; The ordering provider's specialty is NOT neurology.; The meningioma was diagnosed less than 3 years ago.	16
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a meningioma.; The ordering provider's specialty is NOT neurology.; The meningioma was diagnosed more than 3 years ago.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing a new headache. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is on medication(s) for this problem. ; There is NOT a plan to start or switch the patient's treatment. ; The treatment was NOT changed in the past 3 - 6 months. ; There was a brain MRI completed in the past one (1) year. ; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is NOT neurology.; The patient has known Multiple Sclerosis (MS).	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is on medication(s) for this problem. ; There is NOT a plan to start or switch the patient's treatment. ; The treatment was NOT changed in the past 3 - 6 months. ; There was NOT a brain MRI completed in the past one (1) year. ; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is NOT neurology.; The patient has known Multiple Sclerosis (MS).	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	36
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has a known cancer. ; The patient's cancer is being monitored or under surveillance.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	28
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has new confusion or disorientation (altered mental status).; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	8
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has weakness and/or numbness of one side of the body.; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	16
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; The hearing loss is present in the right ear. ; The hearing test showed mixed hearing loss. ; The ordering provider's specialty is NOT otolaryngology.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is stable.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is worsening.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	12
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; It is unknown how long the headaches have been occurring.	8
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	16
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.; This study is being ordered for none of the above above.	4

Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There has not been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	12
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	8
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.; This study is being ordered for a Pre-operative evaluation.	4
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Neurological Surgery ; This study is being ordered for follow-up surgery within the last 6 months.	4
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; There is a history of trauma.; This study is being ordered for Evaulation of a compression fracture	8
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	8
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	20
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		The patient does have neurological deficits.; This is a request for a thoracic spine CT.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; The study is being ordered for Chronic back pain, suspected degenerative disease, trauma or acute injury within 72 hours.	4
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4

Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; This study is being ordered for Pre-Operative Evaluation	20
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The ordering MDs specialty is Neurological Surgery; This study is being ordered for Follow-up to Surgery within the last 6 months	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Neurological deficits	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Pre-Operative Evaluation	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	8
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Neurological deficits	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for None of the above	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Pre-Operative Evaluation	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Patient complaint.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	8

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; This study is being ordered for Acute or chronic back pain including trauma or recent injury	8
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; The lumbar exercises given to the patient include: TA bracing, heel raises, mini squats, knee-to-chest stretch, bridging, pelvis rocks, wall slides, partial sit ups, piriformis stretch, glute squeezes, hamstring stretch, cat camel, and a few others not li; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; There has not been a recurrence of symptoms following surgery.; This study is being ordered for Follow-up to Surgery within the last 6 months; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurology or Orthopedics	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; This study is being ordered for Follow-up to Surgery within the last 6 months; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurology or Orthopedics	12
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; There is a history of trauma.; This study is being ordered for Evaluation of a compression fracture	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not yet determined when the patient will have back surgery. ; The reason for this request is for a pre-operative study.	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new exam findings showing weakness, sensory changes or reflex changes in the arms and legs. ; The ordering provider's specialty is neurological surgery.; Suspected myelopathy is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new exam findings showing weakness, sensory changes or reflex changes in the arms or hands. ; The ordering provider's specialty is neurological surgery.; Suspected myelopathy is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is Neurological Surgery. ; The reason for this request is for a pre-operative study.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is Neurological Surgery.; The reason for this request is for a pre-operative study.	24
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is Neurological Surgery.; The reason for this request is for a pre-operative study.	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The reflex problem affects only the arms and hands. ; The decrease in reflexes is present in both arms or hands. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam findings are 0 / 4 (0 out of 4) No reflex.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	12
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is NOT for pre-operative planning; There is a post operative complication	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The ordering MDs specialty is Neurological Surgery	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	12
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; Spine: Cervical Spine: tenderness and decreased ROM. Thoracic Spine: tenderness and decreased ROM; decreased LTPP over LT T8 dermatome; TTP over LT subscapular region. Lumbar Spine: pain w/ extension and flexion and decreased ROM.;Gait/Posture: Gait/Post	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; Hyperreflexia on the left side of her body with weakness	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; There is a post operative complication	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Neurological Surgery; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; Back pain is the reason for this request.; The patient has sensory changes in the legs or feet.; The orering provider's specialty is NOT orthopedics, anesthesia, or doctors and rehabilitation.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is a suspected or known spine infection. ; The patient's most recent White Blood Cell (WBC) is less than 12,000.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having new back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having new back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	12
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient.	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at another clinic or hospital directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is not a copy of the home exercise program in the chart, the exercises were given at a different office.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The sensory change is reported by the patient.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	20
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	12
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4 in the office visit note.	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4 in the office visit note.; Clicked to continue	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted a home exercise program (HEP) for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; It is not yet determined when the patient will have back surgery.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is Neurological Surgery.	12
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is Neurological Surgery.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for known cancer. ; The patient is NOT having new nerve complaints. ; The patient is NOT currently on treatment for cancer. ; There is NOT a recent x-ray or bone scan that is concerning for metastatic disease.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; There is a post operative complication	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is NOT for pre-operative planning; There is a post operative complication	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Neurological Surgery; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Neurological Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		There is not a known tumor.; This study is being ordered as pre-operative evaluation.; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	16
Neurological Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Pelvic or groin pain is the reason for this request. ; Musculoskeletal pain is the source of the pelvic or groin pain.; The patient has NOT completed a pelvic x-ray in the past 3 months.	4
Neurological Surgery	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8
Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were more than 7 days ago.	4
Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	4
Neurological Surgery	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is unknown when the procedure is planned; This request is for both Brain and Neck CT Angiography.; A pre operative evaluation is the reason for this request.	4
Neurological Surgery	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	8
Neurological Surgery	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurological Surgery	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing a new headache. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing signs or symptoms that are not listed above. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	8
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There has not been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	8
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Neurological deficits	4
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; The patient is experiencing or presenting symptoms of asymmetric reflexes.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Neurological deficits	4

Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Neurological Surgery; This study is being ordered for follow-up surgery within the last 6 months.	4
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	12
Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	4
Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.; It is not known if there has been a recurrence of symptoms following surgery.; This study is being ordered for Follow-up to Surgery within the last 6 months; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurology or Orthopedics	4
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The ordering MDs specialty is Neurological Surgery; This study is being ordered for Follow-up to Surgery within the last 6 months	8
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There has not been a recurrence of symptoms following surgery.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Follow-up to Surgery within the last 6 months; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurology or Orthopedics	4
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not yet determined when the patient will have back surgery. ; The reason for this request is for a pre-operative study.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has new exam findings showing weakness, sensory changes or reflex changes in the arms or hands. ; The ordering provider's specialty is neurological surgery.; Suspected myelopathy is the reason for this request.	4

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has new neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The reflex problem affects both arms or hands and legs and feet. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam finding are 1 / 4 (1 out of 4) Very weak reflex.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	20
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.;	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The ordering MDs specialty is Neurological Surgery	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	24

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	8
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is not graded.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is unknown.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The weakness to the affected leg is not graded.	8
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has received injections for the pain recently.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; It is not yet determined when the patient will have back surgery.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is Neurological Surgery.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	8
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is not a known tumor.; This study is being ordered as pre-operative evaluation.; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
Neurological Surgery	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	; Requestor has decided to proceed with the unlisted code.	4
Neurological Surgery	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	4
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	12
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were more than 7 days ago.	4
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	8
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4

Neurology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; It is unknown if there has been a stroke or TIA within in the past 2 weeks.	4
Neurology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has NOT been a stroke or TIA within the past 2 weeks.	8
Neurology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; The dissection is known.; The patient had the dissection less than 3 months ago.	4
Neurology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4
Neurology	Approval	70473 Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy		This is a request for Cerebral Perfusion CT.	4
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed; A Brain CTA is being requested	4
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Unknown best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	4

Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		The patient has a known aneurysm.; This is a request for a Brain MRA.	8
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; The patient does not have a known aneurysm.; This is a request for a Brain MRA.; This is for a suspected aneurysm.	8
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	8
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	8
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	12
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; This is a request for a Brain MRA.; This is for a suspected aneurysm.; The patient is having an acute headache that started in the last 24 hours.	4
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is having an acute headache that started in the last 24 hours.	4

Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient had an ischemic stroke or TIA (Transient Ischemic Attack) in the past 2 weeks.	4
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; There are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; This study is for seizures.; The patient's seizure disorder is stable.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a known stroke or mini stroke (TIA); This study is for known or suspected stroke or TIA.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	12
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Inflammatory / Infectious Disease	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a meningioma.; The last brain MRI was completed more than 6 months ago. ; The ordering provider's specialty is neurology.; The meningioma was diagnosed less than 3 years ago.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing signs or symptoms that are not listed above. ; The last brain MRI was completed more than 18 months ago. ; The ordering provider's specialty is neurology.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; It is unknown if the patient has completed an eye exam.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is neurology.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo along with a symptoms that is not listed above.; This procedure is being requested for dizziness or vertigo.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and a mental status change.; This procedure is being requested for dizziness or vertigo.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and trouble walking or speaking.; This procedure is being requested for dizziness or vertigo.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has new nerve symptoms. ; This procedure is being requested for Multiple Sclerosis (MS).; The patient has suspected Multiple Sclerosis (MS).	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The ordering provider's specialty is neurology.	44
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; The patient has NOT completed blood tests for this problem.; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed a neuro-psychological evaluation.; The memory testing showed mild memory impairment.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed another type of cognitive testing.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed the MMSE or MoCA cognitive testing.; The ordering provider's specialty is neurology.	32
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	32
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is neurology.; The patient has known Multiple Sclerosis (MS).	40

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has weakness and/or numbness of one side of the body.; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a known stroke or mini stroke (TIA)	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	16
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; The hearing loss is present in the left ear. ; The hearing test was not completed. ; The ordering provider's specialty is NOT otolaryngology.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient had recent fevers.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	56
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is improving.	12
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is stable.	16
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is unknown.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is worsening.	68
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient has a family history of aneurysm or arteriovenous malformation (AVM). ; The parent(s) had an aneurysm or arteriovenous malformation (AVM).; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for more than 3 months.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; It is unknown how long the headaches have been occurring.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	208
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is for another reason that is not listed above.; The reason for this procedure is for dizziness or vertigo.; The patient has dizziness or vertigo and a mental status change.	4
Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Abnormal mri; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; There are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has known Multiple Sclerosis (MS). ; The patient is 13 years or older.; The ordering provider's specialty is neurology.; Multiple Sclerosis (MS) is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new exam findings showing weakness, sensory changes or reflex changes in the arms and legs. ; The ordering provider's specialty is neurology.; Suspected myelopathy is the reason for this request.	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has suspected Multiple Sclerosis (MS). ; The patient is 13 years or older.; Multiple Sclerosis (MS) is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is NOT currently on treatment for cancer. ; There is NOT a recent x-ray or bone scan that is concerning for metastatic disease. ; The patient has known cancer. ; Cancer is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.; The reason for this request is for a pre-operative study.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	32
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	8
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; Patient complaint and clinical notes.	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having new back pain symptoms.	4

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having worsening back pain symptoms.	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; There is a decreased sensation documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	12
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient is having new back pain symptoms.	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	8
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Neurology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	4
Neurology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; The patient had a MoCA (Montreal Cognitive Assessment) within the past 12 months; The assessment score was 22 or less ; The last laboratory evaluation, including thyroid function test and B12 level was 6 months ago or less ; The last Brain MRI was 7 to 12 months ago; Alzheimer's disease is the primary reason for this study.	4

Neurology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has NOT been a stroke or TIA within the past 2 weeks.	12
Neurology	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4
Neurology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; The ordering provider's specialty is NOT Otolaryngology, Surgery, Neurological Surgery or Oral/Maxillofacial.	4
Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is unknown why this procecure is being requested; A Brain CTA is being requested	4
Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed; A Brain CTA is being requested	4
Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	4

Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient has no additional symptoms with the dizziness or vertigo.; This procedure is being requested for dizziness or vertigo.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; The patient has NOT completed blood tests for this problem.; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed a neuro-psychological evaluation.; The memory testing showed mild memory impairment.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; The patient has NOT completed blood tests for this problem.; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed a neuro-psychological evaluation.; The memory testing showed moderate memory impairment.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	12
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed the MMSE or MoCA cognitive testing.; The ordering provider's specialty is neurology.	8

Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for an aneurysm and/or a blood vessel problem.; There is a concern for an aneurysm or blood vessel problem.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	28
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for head trauma or concussion.; The injury occurred 3 or more weeks ago.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for hearing loss or tinnitus.; This request is for tinnitus. ; The tinnitus is present in both ears. ; The tinnitus is described as a pulsatile, throbbing, or whooshing sound. ; The ordering provider's specialty is NOT otolaryngology.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is improving.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is stable.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is worsening.	8
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	72
Neurology	Disapproval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4
Neurology	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.	8
Neurology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Neurological deficits	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.; The reason for this request is for a pre-operative study.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; It is unknown what the reflex exam findings are.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The reflex problem affects both arms or hands and legs and feet. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam finding are 3 / 4 (3 out of 4) Stronger than normal reflex.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	24
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory / Infectious Disease	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4

Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	8
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms.	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having new back pain symptoms.	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	16
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has received injections for the pain recently.	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient is having new back pain symptoms.	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The reflex exam findings are 4 / 4 (4 out of 4) Very strong reflex. ; The reflex changes are in one leg or foot. ; The patient is having worsening back pain symptoms.	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	12
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; The patient had a MoCA (Montreal Cognitive Assessment) within the past 12 months; The assessment score was 22 or less ; The last laboratory evaluation, including thyroid function test and B12 level was 6 months ago or less ; The last Brain MRI was 6 months ago or less ; Alzheimer's disease is the primary reason for this study.	4
Neurology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; The patient had a MoCA (Montreal Cognitive Assessment) within the past 12 months; The assessment score was 22 or less ; The last laboratory evaluation, including thyroid function test and B12 level was 6 months ago or less ; The last Brain MRI was More than 1 year ago; Alzheimer's disease is the primary reason for this study.	4
Neurology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Fluciclovine (18F).	4
Neurology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	4
OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	8
OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
OB/Gynecology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	4

OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; This is a request for a Pelvis CT.; The ordering provider is a gynecologist.	4
OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	8
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A gynecological problem is the reason for this request. ; Endometriosis is the source of the patient's gynecological problem.	4
OB/Gynecology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is a gynecologist.	8
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient is 60 or older.; The blood in the urine is NOT visible. ; The most recent urinalysis shows 3 - 25 RBC/hpf. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; It is unknown if a kidney stone is suspected.	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	4
OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	12
OB/Gynecology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	8
OB/Gynecology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4
OB/Gynecology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4

OB/Gynecology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	4
OB/Gynecology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
OB/Gynecology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
OB/Gynecology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	4
OB/Gynecology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
OB/Gynecology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	4
OB/Gynecology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
OB/Gynecology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is unknown.	4
OB/Gynecology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
OB/Gynecology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; The study is not requested for any of the standard indications for Knee MRI	4
OB/Gynecology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4

OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	8
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	8
OB/Gynecology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
OB/Gynecology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
OB/Gynecology	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
OB/Gynecology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	4
OB/Gynecology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4
OB/Gynecology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4
Occupational Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	4
Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Oncology	4
Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4

Oncology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	4
Oncology	Approval	72125 Computed tomography, cervical spine; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Oncology	4
Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Inflammatory bowel disease (IBD) is the reason for this request. ; This study is for known inflammatory bowel disease (IBD). ; The patient has worsening abdominal pain or diarrhea.	4
Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is on a cancer treatment. ; Cancer or tumor is the reason for this request. ; The patient has a known cancer. ; According to the patient's chart colorectal or anal cancer is known or suspected.	4
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			8
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is an oncologist.	20
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is an oncologist.; This study is requested for evaluation of cancer or a tumor.	4
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Breast cancer.	4
Oncology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	4
Oncology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	4
Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a known cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is an oncologist.	4
Oncology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	4

Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4
Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
Ophthalmology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed; A Brain CTA is being requested	4
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		It is unknown if there is a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	4
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	4
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has completed an eye exam.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is ophthalmology.	4
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
Ophthalmology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Ophthalmology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Oral/Maxillofacial	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a Temporomandibular Joint (TMJ) MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; This study is being ordered for evaluation of a dysfunctional temporomandibular joint (TMJ).; The conservative therapy included treatment with a bite block or splint.; The patient failed a course of anti inflammatory medication.	4
Orthopedics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4

Orthopedics	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery; A Neck CTA is being requested	4
Orthopedics	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	4
Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks; This study is being ordered for Pre Operative or Post Operative Evaluation	4
Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a congenital abnormality.; This is a request for a chest MRI.; The member is 18 years of age or older.	4
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.; This study is being ordered for a Pre-operative evaluation.	4
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; The patient is experiencing or presenting symptoms of radiculopathy documented on an EMG or nerve conduction study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.; This study is being ordered for a Pre-operative evaluation.	4
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Orthopedics; This study is being ordered for follow-up surgery within the last 6 months.	4

Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has NOT been diagnosed with a tumor, infection or neurological deficit.; This study is being ordered for a Pre-operative evaluation.	4
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	16
Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material		The patient does have neurological deficits.; This is a request for a thoracic spine CT.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; The study is being ordered for Chronic back pain, suspected degenerative disease, trauma or acute injury within 72 hours.	4
Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has NOT been diagnosed with a tumor, infection, or neurological deficits. ; The study is being ordered for a Pre-Operative Evaluation	4
Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Surgery is not scheduled within the next 4 weeks.; This study is being ordered for Pre-Operative Evaluation	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; This study is being ordered for Pre-Operative Evaluation	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; There is a history of trauma.; This study is being ordered for Evaluation of a compression fracture	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; This study is being ordered for Follow-up to Surgery within the last 6 months; The ordering MDs specialty is Orthopedics	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; This study is being ordered for Known Tumor with or without metastasis	8
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks; This study is being ordered for Pre Operative or Post Operative Evaluation	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has a new Babinski, Lhermitte's, Chaddock, or Hoffman's sign. ; The ordering provider's specialty is orthopedics.; Suspected myelopathy is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new exam findings showing weakness, sensory changes or reflex changes in the arms or hands. ; The ordering provider's specialty is orthopedics.; Suspected myelopathy is the reason for this request.	28
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has suspected cancer.; Cancer is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is Orthopedics.; The reason for this request is for a pre-operative study.	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is Orthopedics.; The reason for this request is for a pre-operative study.	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has new neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; A positive Hoffman's sign was documented on the physical exam.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; A positive Babinski's sign was documented on the physical exam.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	20
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; It is unknown if this request for pre-operative planning; There is a post operative complication	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; It is unknown if the patient is presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	8
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	8
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	8
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			8

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is 50 or older; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; There is NOT a concern that this fracture is related to cancer.; The patient is having new nerve complaints. ; Clicked to continue	8
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has reflex changes in the legs or feet. ; The patient is having worsening back pain symptoms.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having worsening back pain symptoms.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having new back pain symptoms.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	32
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having new back pain symptoms.	8
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	12
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).; The patient has been participating in this conservative care treatment for 3 - 4 weeks.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).	16
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	12
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown what the reflex exam findings are. ; The reflex changes are in one leg or foot. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient is having worsening back pain symptoms.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; It is not yet determined when the patient will have back surgery.	12
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is Orthopedics.	32
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is Orthopedics.	44
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for known cancer. ; The patient is having new nerve complaints.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; It is unknown if this request for pre-operative planning; There is a post operative complication	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; It is unknown if the patient is presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		There is not a known tumor.; This study is being ordered as pre-operative evaluation.; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	8
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	4
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; The ordering provider is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist.	4
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	8
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient has NOT participated in conservative care treatment in the past 6 months. ; Pelvic or groin pain is the reason for this request. ; Musculoskeletal pain is the source of the pelvic or groin pain.; The patient has completed a pelvic x-ray in the past 3 months.	4

Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			44
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is not requested for evalution of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	36
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	12
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	16

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	20
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	44
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	16
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is not from a recent injury, old injury, chronic pain or a mass.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	8

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	16
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	172
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	12
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.; Gabapentin, Tramadol, Tizanidine	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	20
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	24
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; There is a suspicion of fracture not adequately determined by x-ray.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	16

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	136
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	32
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	36
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.; Meloxicam	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	12
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has surgery planned.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; The member has a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has surgery planned.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is NOT a Medicare member.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	12
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	8

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; This is a request for an elbow MRI; The study is not requested for evalution of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; This is a request for an elbow MRI; The study is not requested for evalution of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences			40
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.; This study is being ordered for evaluation of Morton's Neuroma.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.; This study is being ordered for evaluation of Morton's Neuroma.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is not planned for within 30 days.; This study is being ordered for assessment of a known fracture fragment.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; A CT (knee or other) showed an abnormality; The ordering MDs specialty is Orthopedics	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is Orthopedics	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is Orthopedics	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics	44

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; There are no physical findings (palpabel mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The plain films were normal.; This study is being ordered for Known or Suspected Joint Infection	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Known tumor was noted as an indication for knee imaging	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Planned surgery was noted as an indication for knee imaging; A Total Knee Arthroplasty (TKA) is NOT being performed.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; This study is being ordered for Non-acute Chronic Pain; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.; The ordering provider is an Orthopedist.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Pain greater than 3 days; Arthroscopic surgery; The ordering provider is an Orthopedist.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	12
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is Orthopedics	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The plain films were not normal.; This study is being ordered for Known or Suspected Joint Infection	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; This study is being ordered for Non-acute Chronic Pain; Instability; It is unknown if surgery is planned.; The ordering provider is an Orthopedist.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; This study is being ordered for Non-acute Chronic Pain; Instability; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	8

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; This study is being ordered for Non-acute Chronic Pain; Locking; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is being planned.; Arthroscopic surgery; The ordering provider is an Orthopedist.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; This study is being ordered for None of the above; Locking; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; This study is being ordered for Post-operative Evaluation; The ordering provider is an Orthopedist.	16
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	20
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; The ordering provider is an Orthopedist.	652
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The member has a recent injury.	8

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for infection or inflammation.; There are not physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	60
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	16

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	16
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	24
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	12
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material			8
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	44
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	8
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; It is not known if there is a suspicion of tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	4
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	8
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	24

Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	16
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	12
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The member has surgery planned.; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	8
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	4
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for post operative evaluation.	4
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is not requested for any of the standard indications for Knee MRI	4
Orthopedics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The last Abdomen and Pelvis CT was completed less than 6 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal MRI has been completed. ; A mass or tumor was found on prior imaging.	4
Orthopedics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
Orthopedics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4
Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; This study is being ordered for Pre-Operative Evaluation	8

Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; This study is being ordered for Neurological deficits	4
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Documuscle weakness and tingling of legent exam findings; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; weakness in lumbar spine and in bilateral lower extremities where patient is unstable when trying to walk.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Neurological deficits	4
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is Orthopedics.; The reason for this request is for a pre-operative study.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older. ; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has new neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	8
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has new neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The weakness is present in both arms or hands.; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The weakness is present in both arms or hands.; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	16
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request.	8

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	12
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4+ / 5 (4+ out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's most recent White Blood Cell (WBC) is between 12,000 to 15,000. ; A suspected or known spine infection is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The x-ray showed a pars defect. ; The x-ray did NOT include flexion and extension views. ; An abnormal x-ray is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Severe Scoliosis ; It is unknown if there are neurological deficits on physical exam	4
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; showing signs of weakness.	4
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	4
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted a home exercise program (HEP) for the pain recently.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having new back pain symptoms.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has reflex changes in the legs or feet. ; The patient is having worsening back pain symptoms.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted a home exercise program (HEP) for the pain recently.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	8
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 7 weeks or more.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; There is a decreased sensation documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; It is unknown how many days a week the patient participated in the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The sensory change is reported by the patient.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The home exercise program was self directed either at home or gym.; The patient has attempted a home exercise program (HEP) for the pain recently. ; There is a decreased sensation documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having new back pain symptoms.	8
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	28

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is unknown.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The weakness to the affected leg is not graded.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has received injections for the pain recently.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient is having new back pain symptoms.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; It is not yet determined when the patient will have back surgery.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is Orthopedics.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Severe Scoliosis ; It is unknown if there are neurological deficits on physical exam	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	8
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Orthopedics	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	8
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	48
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	20
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	44
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	8
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	8
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for post operative evaluation.; There are physical or plain film findings of delayed or failed healing.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has not experienced pain for greater than six weeks.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	8
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	8

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Orthopedics	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered for routine follow up.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union facrture.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is Orthopedics	4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is Orthopedics	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is Orthopedics	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	8
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; This study is being ordered for None of the above; Instability; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; The ordering provider is an Orthopedist.	36
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The member has a recent injury.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	44
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	8
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	8
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	8
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	4
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	12

Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	4
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	4
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.	4
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown when the last Abdomen and Pelvis CT was completed. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal MRI has been completed. ; A mass or tumor was found on prior imaging.	4
Orthopedics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed an ultrasound. ; This study is requested for evaluation of cancer or a tumor.	4
Orthopedics	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	8
Osteopath	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Osteopath	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	4
Osteopath	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4

Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	8
Other	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has been a stroke or TIA within the past 2 weeks.	4
Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	4
Other	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.; The patient did NOT have an ischemic stroke or TIA (Transient Ischemic Attack) in the past 2 weeks.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; It is unknown which ear the hearing loss is present in. ; The ordering provider's specialty is NOT otolaryngology.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	12
Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does have an elevated D-dimer blood test. ; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score.	4

Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	8
Other	Approval	72125 Computed tomography, cervical spine; without contrast material		There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.; This study is being ordered for none of the above above.	4
Other	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
Other	Approval	72128 Computed tomography, thoracic spine; without contrast material		The patient does have neurological deficits.; This is a request for a thoracic spine CT.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; The study is being ordered for Chronic back pain, suspected degenerative disease, trauma or acute injury within 72 hours.	4
Other	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; It is not known when surgery is scheduled.; This study is being ordered for Pre-Operative Evaluation	4
Other	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient is less than 50 years old.; There is no history of trauma.; This study is being ordered for Evaluation of a compression fracture	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	8

Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is an abnormal x-ray. ; The x-ray showed scoliosis. ; The patient is 10 years or older.	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having new back pain symptoms. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4

Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; It is unknown how many days a week the patient participated in the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The sensory change is reported by the patient.	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	12
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; Clicked to continue	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	8
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient is having worsening back pain symptoms.	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4

Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	4
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	4
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is NOT Orthopedics	4
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics	4
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4

Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	8
Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	8
Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	12
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed less than 3 months ago. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	8
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on blood work.	4
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	4
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A prior CT or MRI has been completed within the last 12 months for this problem. ; The prior imaging showed indeterminant liver lesion(s). ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.	4
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An adrenal problem is the reason for this request. ; The adrenal problem was found by another source not listed above.	4
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An adrenal problem is the reason for this request. ; The adrenal problem was found on prior imaging.; It is unknown if the adrenal problem is cancer.; The adrenal problem was found on CT.; This is the first time a CT has been performed.	4
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a renal cyst. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4

Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient's liver problem is related to another reason not listed above. ; Other liver problems not related to a mass or tumor is the reason for this request.	4
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is 1.5 - 2.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	8
Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had another study not listed	4
Other	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	12
Other	Approval	78451 Ht Muscle Image Spect Sing		Chest pain, nonspecific;Chest pain, recently seen in Fort Smith ER; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Other	Approval	78451 Ht Muscle Image Spect Sing		SEE ATTACHMENTS; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Other	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4

Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	8
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4

Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	20
Other	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	8
Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	8
Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	4
Other	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	4
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a meningioma.; The ordering provider's specialty is NOT neurology.; The meningioma was diagnosed less than 3 years ago.	4
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient's score from the memory testing is unknown or none of the above. ; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed the MMSE or MoCA cognitive testing.; The ordering provider's specialty is NOT neurology.	4

Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	4
Other	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; No previous Chest CTA has been performed	4
Other	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Other	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has an elevated D-dimer blood test. ; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score.	4
Other	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does NOT have an elevated D-dimer blood test.	4
Other	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	4
Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4

Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Other	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is not experiencing or presenting abnormal gait, lower extremity weakness, asymmetric reflexes, recent fracture, or radiculopathy.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; The study is being ordered for Chronic back pain, suspected degenerative disease, trauma or acute injury within 72 hours.	4
Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.; This study is being ordered for None of the above	4
Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; It is not known if there is x-ray evidence of a lumbar recent fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; Decadron, Depomedrol, Toradol, methocarbamol; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4

Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	4
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	4
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4

Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	8
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having worsening back pain symptoms.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 7 weeks or more.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	12

Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	28
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4+ in the office visit note.; The patient has been participating in this conservative care treatment for 7 weeks or more.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Other	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	4
Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	4
Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics	4

Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	4
Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4
Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	4
Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8

Other	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	12
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed an urinary tract infection. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; It is unknown how long the pain has been present.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The blood in the urine is NOT visible. ; The most recent urinalysis was a dipstick urinalysis only. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed lab testing. ; This study is requested for evaluation of cancer or a tumor.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in an area not listed above.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Other	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4
Other	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	8
Other	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4
Other	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4
Other	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	4

OTHER O/P DIAG TESTING	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
OTHER O/P DIAG TESTING	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
OTHER O/P DIAG TESTING	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	4
OTHER O/P DIAG TESTING	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is having new back pain symptoms. ; Back pain is the reason for this request.; The patient has a normal neurological exam.; The patient has been participating in this treatment for 5 weeks or more.; The patient has attempted physical therapy for the pain recently. ; The patient has participated in conservative care treatment in the past 6 months. ; The orering provider's specialty is NOT orthopedics, anesthesia, or doctors and rehabilitation.	4
OTHER O/P DIAG TESTING	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
OTHER O/P DIAG TESTING	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
OTHER O/P DIAG TESTING	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	8
OTHER O/P DIAG TESTING	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8
OTHER O/P DIAG TESTING	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	4
OTHER O/P DIAG TESTING	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has surgery planned.	4

OTHER O/P DIAG TESTING	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	4
OTHER O/P DIAG TESTING	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
OTHER O/P DIAG TESTING	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
OTHER O/P DIAG TESTING	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
OTHER O/P DIAG TESTING	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	8
OTHER O/P DIAG TESTING	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	4
OTHER O/P DIAG TESTING	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
OTHER O/P DIAG TESTING	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	4
OTHER O/P DIAG TESTING	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
OTHER O/P DIAG TESTING	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	4

OTHER O/P DIAG TESTING	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
OTHER O/P DIAG TESTING	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; It is unknown if the ultrasound showed stenosis.	4
OTHER O/P DIAG TESTING	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
OTHER O/P DIAG TESTING	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	4
OTHER O/P DIAG TESTING	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
OTHER O/P DIAG TESTING	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
OTHER O/P DIAG TESTING	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
OTHER O/P DIAG TESTING	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4
OTHER O/P DIAG TESTING	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
OTHER O/P DIAG TESTING	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	4
Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Otolaryngology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has been a stroke or TIA within the past 2 weeks.	4

Otolaryngology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; The dissection is known.; The patient had the dissection 3 - 6 months ago.	4
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient had a normal brain CT or MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	4
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.	4
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	20
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.	8
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	8
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; It is unknown if surgery is scheduled in the next 30 days.	4

Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is scheduled in the next 30 days.	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; The ordering provider's specialty is Otolaryngology	8
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	12
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of infection or abscess	4
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	4
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.	4
Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	8
Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; This is a request for a Brain MRA.; This is for a suspected aneurysm.; The patient is having an acute headache that started in the last 24 hours.	4
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for hearing loss. ; This study is for hearing loss or tinnitus.; The ordering provider's specialty is otolaryngology.	4
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and hearing loss.; The patient's hearing loss is in both ears.; This procedure is being requested for dizziness or vertigo.	4
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and hearing loss.; The patient's hearing loss is in one ear. ; This procedure is being requested for dizziness or vertigo.	4
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and trouble walking or speaking.; This procedure is being requested for dizziness or vertigo.	4

Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	8
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; The ordering provider's specialty is otolaryngology.	84
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for tinnitus. ; The ordering provider's specialty is otolaryngology.	36
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	8
Otolaryngology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			4
Otolaryngology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	4
Otolaryngology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4

Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.	4
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	8
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.	4
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	8
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	8
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	28
Otolaryngology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	4
Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Otolaryngology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Otolaryngology	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	4
Otolaryngology	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	4
Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing changes in menses. ; The last brain MRI was completed less than 12 months ago. ; The ordering provider's specialty is pediatrics.	4

Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	12
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	4
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 6 years or younger	4
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is having worsening back pain symptoms. ; Back pain is the reason for this request.; The patient has weakness in the legs or feet.; The weakness is present in one leg or foot.; The orering provider's specialty is NOT orthopedics, anesthesia, or doctors and rehabilitation.	4
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
Pediatrics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; Pelvic or groin pain is the reason for this request. ; Musculoskeletal pain is the source of the pelvic or groin pain.; The patient has completed a pelvic x-ray in the past 3 months.; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The home exercise program was followed for 5 weeks or more. ; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.	4
Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is NOT a Medicare member.	4
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics	4
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4

Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	4
Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
Pediatrics	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This request is for repeat imaging to a known abdominal trauma.; This study is being ordered for trauma.	4
Pediatrics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	12
Pediatrics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
Pediatrics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	4
Pediatrics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4
Pediatrics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4

Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	4
Pediatrics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
Pediatrics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4
Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics	4
Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Pediatrics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were 2 - 7 days ago.	4

Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4
Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Physical Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	4
Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4
Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Physical Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	4
Physical Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		The patient has a known aneurysm.; This is a request for a Brain MRA.	8
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and trouble walking or speaking.; This procedure is being requested for dizziness or vertigo.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	8
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4

Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; The injury occurred 3 or more weeks ago.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	8
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is worsening.	8
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	12
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	12
Physical Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery	4
Physical Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	4
Physical Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.; There is a tumor with need to clarify vascular involvement.	4

Physical Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	12
Physical Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score. ; The patient does have an elevated D-dimer blood test.	4
Physical Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
Physical Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.; This study is being ordered for a Pre-operative evaluation.	4
Physical Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4
Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; This study is being ordered for Pre-Operative Evaluation	4
Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has new neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The strength testing exam showed 4+ / 5 (4+ out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in their neck pain symptoms. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The weakness is present in both arms or hands.; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The reflex problem affects only the arms and hands. ; The decrease in reflexes is present in both arms or hands. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam finding are 1 / 4 (1 out of 4) Very weak reflex.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	12
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	12
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	12

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	12
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			8
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There has not been a recurrence of symptoms following surgery.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or Orthopedics	4

Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; There has not been a recurrence of symptoms following surgery.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or Orthopedics	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; It is not known when surgery is scheduled.	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is 50 or older; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; There is NOT a concern that this fracture is related to cancer.; The patient is having new nerve complaints.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4+ in the office visit note.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having worsening back pain symptoms.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at another clinic or hospital directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	8
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 7 weeks or more.	8
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	12
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).	8
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	8
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4 in the office visit note.	4

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is unknown.; The patient is having worsening back pain symptoms.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient has no change in back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted a home exercise program (HEP) for the pain recently.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient is having worsening back pain symptoms.	12
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	12
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for a pelvis CT angiography.	4
Physical Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.	4
Physical Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		There is not a known tumor.; This study is being ordered as pre-operative evaluation.; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
Physical Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; This is a request for a Pelvis CT.; The ordering provider is NOT a gastroenterologist, urologist, gynecologist, or surgeon.	4
Physical Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	4
Physical Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material		This is a request for an Arm CT Non Joint; There is a history of upper extremity joint or long bone trauma or injury.	4
Physical Medicine	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the upper extremity.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	8
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	12

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	4

Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics	12
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics	8
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	32
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4

Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	12
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	8
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	8
Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4
Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for post operative evaluation.	4
Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Physical Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	16

Physical Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Physical Medicine	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The pain has been present between 2 weeks and 3 months. ; The patient has completed an ultrasound for this problem. ; The imaging study was completed 5 - 10 weeks ago. ; The prior imaging study showed other results that are not listed. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Recurrence (known or suspected is the patient's current cancer status. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of colorectal cancer. ; It has been 5 years or less since the patient has been treated for cancer. ; The last Abdomen and Pelvis CT was completed 6 - 9 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	20
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient's current treatment plan is for initial staging. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed an ultrasound. ; This study is requested for evaluation of cancer or a tumor.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	16
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; The prior imaging completed is something other than what is listed above.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient does NOT have abdominal pain.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	8
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	12
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	12
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	8
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A kidney problem is the reason for this request. ; The kidney problem was found on something other than prior imaging.	4
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	4
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did have recent gallbladder surgery.; It is unknown if an ERCP is planned or being considered for this patient.; A MRCP or bile duct problem is the reason for this request.	4
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; The patient has not completed a prior CT or MRI for this problem. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is 1.5 - 2.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is less than 1.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
Physical Medicine	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)		This study is being requested for other not listed.	4
Physical Medicine	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4
Physical Medicine	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	4

Physical Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for post-procedural evaluation; Surgical bypass grafts were performed; The procedure was 6 months ago or less	8
Physical Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	8
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed more than 3 months ago	4
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	12
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed more than one year ago	4
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	4
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	16

Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Physical Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	12
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	28
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual			376

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Evaluation dates less than 90 days in the past; Rehabilitative; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; 06/12/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The internal carrier id is not 167.; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; Speech Therapy was requested; No patient history in the past 60 days	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Habilitative; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The condition being treated is feeding or dysphagia; 06/09/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The member is NOT currently on tube feeds; The internal carrier id is not 103.; Speech Therapy was requested; The internal carrier id is not 167.; Evaluation dates less than 270 days in the past; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; Speech Therapy was requested; The member is between 1 and 7 years of age.; No patient history in the past 60 days	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 03/07/2026; Rehabilitative; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 04/09/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognative Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 05/19/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The internal carrier id is not 167.; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 0-3 years old; 01/08/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The internal carrier id is not 103.; Speech Therapy was requested; The internal carrier id is not 167.; Evaluation dates less than 270 days in the past; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; The intended intended number of treatments per week is 1 visit; Speech Therapy was requested; The member is between 1 and 7 years of age.	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 03/14/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; The intended intended number of treatments per week is 2 visits; Moderate to severe functional deficits supported by standardized assessments; Speech Therapy was requested; The member is between 1 and 7 years of age.	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 03/31/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The internal carrier id is not 103.; Speech Therapy was requested; The internal carrier id is not 167.; Evaluation dates less than 270 days in the past; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; The intended intended number of treatments per week is 2 visits; Moderate to severe functional deficits supported by standardized assessments; Speech Therapy was requested; The member is between 1 and 7 years of age.	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 12-16-2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; The intended intended number of treatments per week is 3 or more visits a week; Speech Therapy was requested; The member is between 1 and 7 years of age.	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 04/16/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient's plan of care includes treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested; The member is between 1 and 7 years of age.	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 04/18/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; Evaluation dates more than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested; The member is between 1 and 7 years of age.	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 01/06/2026; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	8
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 02/03/2026; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 05/20/2026; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; Speech Therapy was requested	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 06/11/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 07/09/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 03/10/2026; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; Speech Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	16
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	20
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	16

Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	24
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	8
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of a recent myocardial infarction (heart attack).; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; Their enlarged heart may be due to known or suspected cardiomyopathy	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an evaluation of new or changing symptoms of valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	20
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	28
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	12
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	32
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Physical Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)			9936
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		02/03/2026; No patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Iowa Total Care; Evaluation dates less than 180 days in the past; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; The intended intended number of treatments per week is 2 visits; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Physical Therapy was requested; The member is between 1 and 7 years of age.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/03/2026; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/06/2026; Patient history in the past 90 days; The therapy type is Neuro Rehabilitative (Therapy that helps people who have problems with the brain, spinal cord, or nerves.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/06/2026; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/10/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/13/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 03/11/2026; Post-Op; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	8
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/15/2026; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/16/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 03/26/2026; Post-Op; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/16/2026; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/17/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/21/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/22/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/23/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 04/21/2026; Post-Op; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/24/2026; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/27/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	8
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/29/2026; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/30/2026; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/01/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is under 1 year old.; Torticollis, feeding or developmental delay is the condition being treated; Physical Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Iowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; The intended intended number of treatments per week is 1 visit; Physical Therapy was requested; The member is 0 to 1 years of age.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/04/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Two visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/04/2026; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/05/2026; Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/05/2026; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/06/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/12/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/13/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; One visit anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/13/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/13/2026; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/14/2026; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/18/2026; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/19/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/20/2026; No patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 103.; Physical or Occupational therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/27/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/29/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/02/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/02/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/08/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/08/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/09/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/13/2025; No patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates more than 180 days in the past; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The member is between 1 and 7 years of age.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/24/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/25/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 05/09/2026; Post-Op; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/30/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 06/29/2026; Post-Op; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		10/09/2025; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		10/27/2025; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12/29/2025; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		12-16-2025; No patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates less than 180 days in the past; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; The intended intended number of treatments per week is 3 or more visits a week; Physical Therapy was requested; The member is between 1 and 7 years of age.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is not in options listed; 06/23/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Upper Extremity was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.;; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 05/11/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 05/25/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 06/18/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 05/07/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Recalled previous desired frequency is 2.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 03/19/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 04/22/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 06/05/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 06/12/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 04/29/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; Shoulder pain: includes mobility deficits, poor movement control, impingement, subacute injury/surgery, chronic conditions, fracture and/or osteoarthritic conditions best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 06/05/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 04/10/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; Non-Surgical; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Recalled previous desired frequency is 2.; Shoulder pain: includes mobility deficits, poor movement control, impingement, subacute injury/surgery, chronic conditions, fracture and/or osteoarthritic conditions best describes the patient's clinical presentation.; Shoulder pain: includes mobility deficits, poor movement control, impingement, subacute injury/surgery, chronic conditions, fracture and/or osteoarthritic conditions best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body Part selection; Second Pass check point; Body Part for second pass is Hip/Pelvic; 05/15/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 1 visit per week.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; 04/23/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; 05/15/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Knee; 05/26/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 06/01/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 06/16/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 04/29/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 04/06/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; Two Body Parts selected; Requestor is not a fax; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 1 visit per week.; Recalled previous desired frequency is 1.; Other presentation best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 05/05/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; One Body Part selected; Requestor is not a fax; Upper Extremity selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 05/11/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; Two Body Parts selected; Requestor is not a fax; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/01/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/28/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/20/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/08/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/06/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/19/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/06/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/08/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/13/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/14/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/27/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/13/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/26/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/27/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 03/31/2026; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/02/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/05/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/08/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/22/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 06/23/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/22/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/23/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/04/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/06/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/08/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Mild objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical Therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 1 visit per week.; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/11/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/14/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 1 visit per week.; Recalled previous desired frequency is 1.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/16/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/17/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/31/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; One Body Part selected; No Second Pass; Requestor is not a fax; Upper Extremity selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Shoulder pain: includes mobility deficits, poor movement control, impingement, subacute injury/surgery, chronic conditions, fracture and/or osteoarthritic conditions best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/15/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; One Body Part selected; No Second Pass; Requestor is not a fax; Upper Extremity selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Shoulder pain: includes mobility deficits, poor movement control, impingement, subacute injury/surgery, chronic conditions, fracture and/or osteoarthritic conditions best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/18/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 05/13/2026; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patientÆs clinical presentation; Upper Extremity selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06-23-2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; One Body Part selected; No Second Pass; Requestor is not a fax; Upper Extremity selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Shoulder pain: includes mobility deficits, poor movement control, impingement, subacute injury/surgery, chronic conditions, fracture and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 03/07/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/01/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/07/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 03/20/2026; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 06/16/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patientÆs clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 1 visit per week.; Recalled previous desired frequency is 1.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/01/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patientÆs clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/22/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 05/18/2026; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patientÆs clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/22/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 06/12/2026; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patientÆs clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 06/08/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patientÆs clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patientÆs clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4
Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes			400
Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		05/26/2026; Evaluation dates less than 90 days in the past; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 7 years old or older.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The internal carrier id is not 103.; Physical or Occupational therapy was requested; The internal carrier id is not 167.;; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; The intended intended number of treatments per week is 1 visit; Occupational Therapy is being requested.; The member is 8 or 9 years of age.; No patient history in the past 60 days	4

Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		05/26/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The internal carrier id is not 103.; Physical or Occupational therapy was requested; The internal carrier id is not 167.;; Evaluation dates less than 180 days in the past; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; The intended intended number of treatments per week is 2 visits; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Occupational Therapy is being requested.; The member is between 1 and 7 years of age.; No patient history in the past 60 days	4
Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/18/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 06/12/2026; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patientÆs clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes			1228
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02/05/2026; No patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The member is 10 years of age or older.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		02/13/2026; No patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Iowa Total Care; Evaluation dates less than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; The intended intended number of treatments per week is 2 visits; None of the above best describes the patient's presentation or goal of treatment; Occupational Therapy is being requested.; The member is between 1 and 7 years of age.	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/19/2025; No patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The internal carrier id is not 103.; Physical or Occupational therapy was requested; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The member is 10 years of age or older.	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		03/31/2026; Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/07/2026; Patient history in the past 90 days; The therapy type is Neuro Rehabilitative (Therapy that helps people who have problems with the brain, spinal cord, or nerves.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/17/2026; No patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Iowa Total Care; Evaluation dates less than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; The intended intended number of treatments per week is 2 visits; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Occupational Therapy is being requested.; The member is between 1 and 7 years of age.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/28/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 3 or more visits per week	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		04/29/2026; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		05/14/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 2 visits per week.	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		08/18/2025; No patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The member is 10 years of age or older.	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		08/20/2025; Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		11/21/2025; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12/2/2025; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		12-16-2025; No patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; Evaluation dates less than 180 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; The intended intended number of treatments per week is 3 or more visits a week; Occupational Therapy is being requested.; The member is between 1 and 7 years of age.	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 04/07/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Recalled previous desired frequency is 2.; Shoulder pain: includes mobility deficits, poor movement control, impingement, subacute injury/surgery, chronic conditions, fracture and/or osteoarthritic conditions best describes the patient's clinical presentation.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 04/13/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Recalled previous desired frequency is 2.; Shoulder pain: includes mobility deficits, poor movement control, impingement, subacute injury/surgery, chronic conditions, fracture and/or osteoarthritic conditions best describes the patient's clinical presentation.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Wrist; 04/16/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Wrist selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 2 visits per week.	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 04/02/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/14/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 02/25/2026; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 2 visits per week.	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/27/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 02/20/2026; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 2 visits per week.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 12/08/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; The patient has None of the above; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/01/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 04/02/2026; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patientÆs clinical presentation; Upper Extremity selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 2 visits per week.	4

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/04/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; One Body Part selected; No Second Pass; Requestor is not a fax; Upper Extremity selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Shoulder pain: includes mobility deficits, poor movement control, impingement, subacute injury/surgery, chronic conditions, fracture and/or osteoarthritic conditions best describes the patient's clinical presentation.	4
Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Questions about the subsequent request: ; The member is 1-6 years old.; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 1 visit; Occupational Therapy was requested; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Three or more visits anticipated	4
Physical Medicine	Disapproval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Temporomandibular Joint (TMJ) MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; This study is being ordered for evaluation of a dysfunctional temporomandibular joint (TMJ).	4
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Physical Medicine	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	8

Physical Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	4
Physical Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4
Physical Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Physical Medicine	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this examination is being requested to evaluate lymphadenopathy or mass.; It is unknown if there is a suspicion of a bone infection (osteomyelitis).; It is unknown if there is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; It is unknown if there is a history of orbit or face trauma or injury.	4
Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	8
Physical Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.; This request is for another condition that is not listed.	4
Physical Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Physical Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Physical Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Physical Medicine	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Surgery is not scheduled within the next 4 weeks.; This study is being ordered for Pre-Operative Evaluation	4
Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is scheduled for back surgery in more than 6 months. ; The reason for this request is for a pre-operative study.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.; The reason for this request is for a pre-operative study.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam findings are 2 / 4 (2 out of 4) Normal reflex.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	16
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam showed 4+ / 5 (4+ out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	8
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; Spurling was documented on the physical exam.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4+ / 5 (4+ out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4+ / 5 (4+ out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4

Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; KNUMBNESS	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	8
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; ; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is 50 or older; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; There is NOT a concern that this fracture is related to cancer.; The patient is NOT having new nerve complaints. ; The patient is NOT scheduled for a surgery related to this fracture.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is a suspected or known spine infection. ; The patient's most recent White Blood Cell (WBC) is between 12,000 to 15,000.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is a suspected or known spine infection. ; The patient's most recent White Blood Cell (WBC) is less than 12,000.	8
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	8
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	24
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks.	8
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	8
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	8
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	12
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having new back pain symptoms.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	28
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	8
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; Clicked to continue	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having new back pain symptoms.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	24
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is not graded.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having new back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is not a copy of the home exercise program in the chart, but there is the name of the exercises in the chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; The weakness to the affected leg is not graded.	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).; Clicked to continue	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4+ in the office visit note.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 7 weeks or more.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The reflex changes are in both legs and feet. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having new back pain symptoms. ; The patient has attempted chiropractic care for the pain recently.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	16
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	8
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; It is unknown if the patient has had foot pain for over 4 weeks.	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics	8
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4

Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	4
Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	4
Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	12
Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Physical Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, or abscess, pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	4
Physical Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Physical Medicine	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Physical Medicine	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery	4
Physical Medicine	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	8
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is 59 or younger.; The blood in the urine is NOT visible. ; The most recent urinalysis shows 3 - 25 RBC/hpf. ; The patient has a less than 20 pack per year smoking history. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is 59 or younger.; The blood in the urine is NOT visible. ; The most recent urinalysis shows 3 - 25 RBC/hpf. ; The patient has never smoked. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4

Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal X-ray has been completed. ; A non-obstructive bowel gas pattern was found on prior imaging.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	8
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Physical Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
Physical Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient has a renal cyst. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Physical Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Physical Medicine	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Physical Medicine	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	4
Physical Medicine	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	4
Physical Medicine	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Established patient Patient is an established patient here for a follow up visit to review recent imaging results, Patient complains of an exacerbation of low back pain for more than 6 weeks, not being managed with activity modification or current medicat; Requestor has decided to proceed with the unlisted code.	4

Physical Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	The patient has been experiencing chest pain, left shoulder & arm discomfort, intermittent exertional shortness of breath, nausea, and diaphoresis that is concerning for angina. The patient has a medical history of smoking and a family history of coronary; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Physical Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Physical Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4
Physical Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Physical Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; It is unknown if an objective memory assessment was done within the past 12 months; Alzheimer's disease is the primary reason for this study.	4
Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary		44
Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 01/07/2026; Rehabilitative; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was selected; The patient recently suffered either a CVA or TBI; 2/2/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Habilitative; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 04/16/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient's plan of care includes treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested; The member is between 1 and 7 years of age.	4
Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Habilitative; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 06/27/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient's plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; The intended intended number of treatments per week is 3 or more visits a week; Speech Therapy was requested; The member is between 1 and 7 years of age.	8
Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 10/1/2025; The evaluation date is not in the future; Two visits anticipated; Habilitative; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested; The member is between 1 and 7 years of age.	4
Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 05/19/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	8
Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; 02/03/2026; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Questions about the subsequent request: ; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; Speech Therapy was requested; Two visits anticipated	4
Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	The condition being treated is language or articulation; The member is 4-6 years old; Questions about the subsequent request: ; The patient's plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; The intended intended number of treatments per week is 2 visits; Speech Therapy was requested; Moderate to severe functional deficits supported by standardized assessments; Three or more visits anticipated	4
Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	The condition being treated is other; Questions about the subsequent request: ; The health carrier is NOT New Hampshire Healthy Families; Previous auth data retrieved, type of habilitation = Habilitative; The health carrier is NOT Sunflower Health; Speech Therapy was requested; Three or more visits anticipated	4
Physical Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	4
Physical Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
Physical Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4
Physical Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4
Physical Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	8
Physical Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Physical Medicine	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	8
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary		1780

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/16/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 03/26/2026; Post-Op; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	8
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/14/2026; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/29/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	4
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/09/2025; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 02/11/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patientÆs clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 05/15/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 05/26/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.	4
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/28/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/29/2025; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/23/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patientÆs clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/27/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/07/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 03/20/2026; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.	4
Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary		176

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	01/14/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	04/28/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 3 or more visits per week	4
Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	10/27/2025; Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	10/27/2025; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	12/2/2025; Patient history in the past 90 days; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	8
Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	9/30/2024; Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 2/10/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 2/4/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Fracture was selected as the first body type/region; Fracture was selected as the second body type/region; Body Part for first pass is Fracture; Body Part for second pass is Fracture; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; You will now be asked some questions about your fracture request.; Non-surgical head, spine, torso best describes the patient's presentation.; Non-surgical head, spine, torso best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	12

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 02/02/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patientÆs clinical presentation ; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health	12

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/01/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 04/02/2026; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patientÆs clinical presentation; Upper Extremity selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 2 visits per week.	4
Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/04/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; One Body Part selected; No Second Pass; Requestor is not a fax; Upper Extremity selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Shoulder pain: includes mobility deficits, poor movement control, impingement, subacute injury/surgery, chronic conditions, fracture and/or osteoarthritic conditions best describes the patient's clinical presentation.	4
Plastic Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has an Abnormality of the skull bones (craniosynostosis).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Plastic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Plastic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Swelling and palpable masses noted in feet with prior x-rays completed. MRI considered to evaluate for masses or joint pathology.	8
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	8
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	8
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; It is unknown if this study is being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; It is unknown if this study is being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; It is unknown if a biopsy has been completed.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a post op.	12

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for known dislocation.; The dislocation is reducible.; The dislocation has recurred.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union facrture.	8
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not been treated with crutches, protective bootm walking cast or immobilization for at least 4 weeks.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area been done.; The results of the plain film x-ray were normal.; The patient has NOT had any abornormal lab studies.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	4

Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for a mass, tumor or cancer.	16
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for post operative evaluation.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	40
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	8
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	4
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	8
Podiatry	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; There is a decreased sensation documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Podiatry	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms.	4

Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.;	8
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; PAIN IN BOTH HEELS	8
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	8
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	4
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	4
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is NOT being ordered for chronic pain, acute pain, rule our tarsal coalition, known or suspected septic arthritis or oseteomylitis, tendonitis, neuroma or plantar fasciitis.	4
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	40
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	8

Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	8
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	8
Preventitive Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	4
Preventitive Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Patient complaint.	4
Preventitive Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	4
Psychiatry	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Psychiatry	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Pulmonary Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	4
Pulmonary Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	8

Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is on current treatment for cancer. ; The patient has a known cancer.	4
Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		The study is for chronic cough.; A Chest X-ray was completed in the past 3 months.	8
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		The study is for follow-up lung nodule(s). ; This is for a follow-up of a known nodule.; This is the first time the patient is having a follow up CT for this problem.	4
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		The study is for something other than listed.; This request is NOT related to a solid organ transplant.	4
Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	8
Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; This is NOT a Medicare member.; The patient primarily smokes cigarettes.; The patient has smoked 30 or more pack years.; The pack year (PPY) is documented in the patient's chart.	4
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.; There is a tumor with need to clarify vascular involvement.	4
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.; There is NOT a tumor with need to clarify vascular involvement.	4
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; Yes, this is a request for a Chest CT Angiography.; The member is 19 or older.	4

Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	4
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does have an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	4
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	16
Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	4
Pulmonary Medicine	Approval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)		Requestor has decided to proceed with the unlisted code.	4
Pulmonary Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	12
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	40
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	4

Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	8
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	4
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	12
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; Their enlarged heart is not due to any of the listed indications	4
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	4
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	4
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	20

Pulmonary Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	4
Pulmonary Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Pulmonary Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Pulmonary Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Pulmonary Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Pulmonary Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Pulmonary Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed lab testing. ; This study is requested for evaluation of cancer or a tumor.	4
Pulmonary Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Pulmonary Medicine	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	12
Pulmonary Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	4
Pulmonary Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
Radiation Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	4

Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4
Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.	4
Radiation Oncology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a meningioma.; The ordering provider's specialty is NOT neurology.; The meningioma was diagnosed less than 3 years ago.	4
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	44
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has a known cancer. ; The patient's cancer is being monitored or under surveillance.	8
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is on current treatment for cancer. ; The patient has a known cancer.	12
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has weakness and/or numbness of one side of the body.; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	4
Radiation Oncology	Approval	72192 Computed tomography, pelvis; without contrast material		The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
Radiation Oncology	Approval	72192 Computed tomography, pelvis; without contrast material		The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4

Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			4
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A prostate problem is the reason for this request. ; The patient has suspected prostate cancer. ; The patient had a previous prostate biopsy.	4
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient's current treatment plan is for initial staging. ; Cancer or tumor is the reason for this request. ; According to the patient's chart cervical cancer is known or suspected.	4
Radiation Oncology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.	4
Radiation Oncology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	4
Radiation Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a known cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist. ; The patient was last treated for cancer less than one year ago. ; Cancer or tumor is the reason for this study.	4
Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	12
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	8
Radiation Oncology	Approval	93307 Tte W/O Doppler Complete		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Approval	93350 Stress Tte Only		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	4
Radiation Oncology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Radiation Oncology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for cancer or tumor.; The patient has weakness and/or numbness of one side of the body.; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4

Radiation Oncology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	A prostate problem is the reason for this request. ; The patient has prostate cancer. ; The patient is on active surveillance. ; The last pelvis MRI was completed 6 - 10 months ago.	4
Radiation Oncology	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	4
Radiology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; The dissection is known.; The patient had the dissection 3 - 6 months ago.	4
Radiology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	12
Radiology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; The ordering provider's specialty is NOT Otolaryngology, Surgery, Neurological Surgery or Oral/Maxillofacial.	4
Radiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	4
Radiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		The patient has a known aneurysm.; This is a request for a Brain MRA.	20
Radiology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	4
Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has new confusion or disorientation (altered mental status).; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; The hearing loss is present in both ears. ; The ordering provider's specialty is NOT otolaryngology.	4
Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is worsening.	4
Radiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is NOT currently on treatment for cancer. ; There is NOT a recent x-ray or bone scan that is concerning for metastatic disease. ; The patient has known cancer. ; Cancer is the reason for this request.	4
Radiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Radiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4

Radiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	4
Radiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
Radiology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	4
Radiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Radiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	4
Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Recurrence (known or suspected is the patient's current cancer status. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; It is unknown what type of prior imaging has been completed.	4
Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	4
Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4

Radiology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
Radiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Radiology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.	4
Radiology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Radiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
Radiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	4
Radiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Radiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
Radiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; The patient is experiencing or presenting symptoms of radiculopathy documented on an EMG or nerve conduction study.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Neurological deficits	4
Radiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	8
Radiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; It is not known if there is x-ray evidence of a lumbar recent fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4

Radiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; It is not known if there is x-ray evidence of a lumbar recent fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Radiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Radiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Radiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
Radiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	16
Radiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Radiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	8
Radiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This patient is experiencing hematuria.; This is NOT a Medicare member.; This study is being ordered for a kidney/ureteral stone.	4
Radiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	4
Radiology	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	4

Radiology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; It is unknown if an objective memory assessment was done within the past 12 months; Alzheimer's disease is the primary reason for this study.	4
Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)			4
Rheumatology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
Rheumatology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	4
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material		The study is for something other than listed.; This request is NOT related to a solid organ transplant.	4
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).	4
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Pelvic or groin pain is the reason for this request. ; Musculoskeletal pain is the source of the pelvic or groin pain.; The patient has NOT completed a pelvic x-ray in the past 3 months.	4
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area been done.; The results of the plain film x-ray were abnormal.	4
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4

Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	4
Rheumatology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.	4
Rheumatology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
Rheumatology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	4
Rheumatology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	4
Rheumatology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	4
Rheumatology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
Rheumatology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Diffuse polyarthralgia and persistent lower back pain ongoing. Weakness in legs when running.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Neurological deficits	4
Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	4

Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; Pelvic or groin pain is the reason for this request. ; Musculoskeletal pain is the source of the pelvic or groin pain.; The patient has completed a pelvic x-ray in the past 3 months.	4
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area been done.; The results of the plain film x-ray were abnormal.	4
Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area been done.; The results of the plain film x-ray were normal.; The patient had abnormal lab studies.; A white blood cell count was completed.; The white blood cell count was normal.	4
Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; A CT (knee or other) showed an abnormality; The ordering MDs specialty is NOT Orthopedics	4
Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics	4
Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Rheumatology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	8

Rheumatology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	4
Rheumatology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8
Rheumatology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Rheumatology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Rheumatology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	4
Rheumatology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	4
Sports Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	4
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4

Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	4
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for known cancer. ; The patient is having new nerve complaints.	4
Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	12
Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There is a pulsaitile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered for routine follow up.	4
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics	4

Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	12
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	8
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics	4
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The member has a recent injury.	4
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for a mass, tumor or cancer.	4
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	4
Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4
Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	8
Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; It is not known if there is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	4
Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The x-ray showed scoliosis. ; The patient is 10 years or older.; An abnormal x-ray is the reason for this request.	4

Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	4
Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	4
Sports Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Sports Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
Sports Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
Sports Medicine	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	4
Sports Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics	4
Sports Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
Sports Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	12

Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; The ordering provider's specialty is Surgery	4
Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Surgery	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	4
Surgery	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	4
Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; It is not yet determined when the patient will have back surgery.	4
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		There is not a known tumor.; This study is being ordered as pre-operative evaluation.; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The surgery being considered is NOT a hip replacement surgery.; The ordering provider is a surgeon.	4
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as a follow-up to trauma.; This is a request for a Pelvis CT.; The ordering provider is a surgeon.	4
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; This is a request for a Pelvis CT.; The ordering provider is a surgeon.	4
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	12
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	8

Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	8
Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; The ordering provider's specialty is general surgery.; This study is being ordered for an infection such as pancreatitis or abscess.	4
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; The requested study is for pre-operative evaluation.; The ordering provider's specialty is general surgery.; This study is being ordered as a pre-op or post op evaluation.	4
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	12
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	20
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	40
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have fevers or night sweats. ; The patient has lost more than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	8
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Recurrence (known or suspected is the patient's current cancer status. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient has a history of metastatic cancer. ; The last Abdomen and Pelvis CT was completed 3 - 6 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	8
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient's current treatment plan is for initial staging. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	20
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an ultrasound. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has fevers or night sweats. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	12
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal X-ray has been completed. ; Kidney stone(s) were found on prior imaging.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal CT scan has been completed. ; A possible abscess was found on prior imaging.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	12
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for 2 - 6 weeks.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for less than 2 weeks.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in an area not listed above.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	8

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	16
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	8
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	16
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on blood work.	8
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did have recent gallbladder surgery.; It is unknown if an ERCP is planned or being considered for this patient.; A MRCP or bile duct problem is the reason for this request.	4
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has completed an ultrasound for this condition within the past 4 months. ; The results of the ultrasound were abnormal. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	8
Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is Surgery; This procedure is being requested for post-procedural evaluation	4
Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Breast cancer.	4
Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	4

Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4
Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4
Surgery	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	4
Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	4
Surgery	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.	4
Surgery	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Surgery	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing signs or symptoms that are not listed above. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	4
Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Surgery	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; It is not known if there is x-ray evidence of a lumbar recent fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4
Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	8
Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered as a follow-up to trauma.; This is a request for a Pelvis CT.; The ordering provider is a surgeon.	4
Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; The study is not requested for any of the standard indications for Knee MRI	4
Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8

Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	8
Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	8
Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	24
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The blood in the urine is NOT visible. ; The most recent urinalysis shows greater than 25 RBC/hpf. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; It is unknown if a kidney stone is suspected.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The last Abdomen and Pelvis CT was completed less than 6 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal CT scan has been completed. ; A mass or tumor was found on prior imaging.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	40
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have fevers or night sweats. ; It is unknown the percentage of total body weight the patient has lost in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; The prior imaging completed is something other than what is listed above.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	8
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; Lab testing has been completed.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	8
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	16
Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was normal	4
Surgery	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a PET Scan; This is for a PET Scan with an Other Tracer	4
Surgery	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	16

Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	4
Surgical Oncology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	4
Surgical Oncology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	8
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is a surgical oncologist.	8
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is a surgical oncologist.; This study is requested for evaluation of cancer or a tumor.	8
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Dotatate.	4
Surgical Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
Thoracic Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known brain tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.	4
Thoracic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has new confusion or disorientation (altered mental status).; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4

Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	4
Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It is unknown if it has been 6 months or more since the patient's last Chest CTA.	4
Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	4
Thoracic Surgery	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	4
Thoracic Surgery	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for pre-operative evaluation.; This is a request for a chest MRI.	4
Thoracic Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	8
Thoracic Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has NOT completed an ultrasound for this condition within the past 4 months. ; A prior CT or MRI has been completed within the last 12 months for this problem. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	4

Thoracic Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	4
Thoracic Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	8
Thoracic Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	4
Thoracic Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4
Thoracic Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score. ; It is unknown if the patient has an elevated D-dimer blood test.	4
Thoracic Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Thoracic Surgery	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	4
Thoracic Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	24
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were 2 - 7 days ago.	8
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were more than 7 days ago.	4

Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is a follow up request for a known hemorrhage/hematoma or vascular abnormality	8
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	16
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	8
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is a Medicare member.; Headache best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	8
Unknown	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		The procedure is planned in 6 months or less; The ordering provider's specialty is NOT Neurological Surgery; This request is for both Brain and Neck CT Angiography.; A pre operative evaluation is the reason for this request.	8
Unknown	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has been a stroke or TIA within the past 2 weeks.	4
Unknown	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has NOT been a stroke or TIA within the past 2 weeks.	16

Unknown	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; The dissection is known.; The patient had the dissection more than 6 months ago.	4
Unknown	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; The dissection is suspected.	4
Unknown	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4
Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.	4
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.	24
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.	4
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.	4
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	12
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine needle aspirate was done.	4
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	12
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	12
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent ischemic stroke (TIA) best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4

Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Vascular abnormalities best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed; A Brain CTA is being requested	4
Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery; A Neck CTA is being requested	4
Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	4
Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	4
Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed; A Neck CTA is being requested	4
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	4
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	4

Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for an Internal Auditory Canal MRI only, without a Brain MRI (CPT codes 70540, 70542 or 70543); This procedure is being requested for hearing loss	4
Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		The patient has a known aneurysm.; This is a request for a Brain MRA.	24
Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.; This is for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is having an acute headache that started in the last 24 hours.	8
Unknown	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; It is unknown if the the ultrasound showed dissection, stenosis or a glomus tumor.; The patient had carotid (neck) artery surgery.; This the first imaging after surgery.; The patient did NOT have an ischemic stroke or TIA (Transient Ischemic Attack) in the past 2 weeks.	4
Unknown	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.; The patient did NOT have an ischemic stroke or TIA (Transient Ischemic Attack) in the past 2 weeks.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a meningioma.; It is unknown when the meningioma was first diagnosed.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a meningioma.; The ordering provider's specialty is NOT neurology.; The meningioma was diagnosed less than 3 years ago.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing fatigue. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has completed an eye exam.; It is unknown what the exam finding were in the office visit note.; This procedure is being requested for vision, nerve abnormality or complaint.; There is NOT a concern for optic neuritis. ; The concern is one that is not listed above.; The ordering provider's specialty is NOT neurology or ophthalmology.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and trouble walking or speaking.; This procedure is being requested for dizziness or vertigo.	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has new nerve symptoms. ; This procedure is being requested for Multiple Sclerosis (MS).; The patient has suspected Multiple Sclerosis (MS).	8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; The patient has completed blood tests for this problem.; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed a neuro-psychological evaluation.; The memory testing showed mild memory impairment.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; The patient has completed blood tests for this problem.; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed a neuro-psychological evaluation.; The memory testing showed severe memory impairment.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed a neuro-psychological evaluation.; The memory testing was normal.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is on medication(s) for this problem. ; There is NOT a plan to start or switch the patient's treatment. ; The treatment was changed in the past 3 - 6 months. ; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is NOT neurology.; The patient has known Multiple Sclerosis (MS).	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	36
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	32
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	16
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has new confusion or disorientation (altered mental status).; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a known stroke or mini stroke (TIA)	12
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	24

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; The injury occurred 3 or more weeks ago.	8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; The hearing loss is present in both ears. ; The ordering provider's specialty is NOT otolaryngology.	8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for tinnitus. ; The tinnitus is present in both ears. ; The tinnitus is NOT described as a pulsatile, throbbing, or whooshing sound. ; The ordering provider's specialty is NOT otolaryngology.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	16
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has received brain imaging for this problem.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is worsening.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	12
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient has a family history of aneurysm or arteriovenous malformation (AVM). ; The parent(s) had an aneurysm or arteriovenous malformation (AVM).; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 6 years or younger	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; It is unknown how long the headaches have been occurring.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	28
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	88
Unknown	Approval	71250 Computed tomography, thorax; without contrast material		The study is for infection or inflammation. ; A Chest X-ray has NOT been completed in the past 3 months.	4

Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It is unknown if it has been 6 months or more since the patient's last Chest CTA.	4
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	8
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	12
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; No previous Chest CTA has been performed	4
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	16
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; No previous Chest CTA has been performed	4
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	8

Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	4
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	16
Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for a known tumor.; This study is being ordered for staging.; This is a request for a chest MRI.	4
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		It is not known if the patient has any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Asymmetric reflexes.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is not known if there has been a supervised trial of conservative management for at least six weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has had 3 or fewer follow-up Cervical Spine CTs.; This study is being ordered for Chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	8
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4
Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There are documented clinical findings of immune system suppression or AIDS.; This study is being ordered for None of the above.	4

Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; It is not known when surgery is scheduled.; This study is being ordered for Pre-Operative Evaluation	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; This study is being ordered for Pre-Operative Evaluation	8
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Motor exam: no fasciculations and strength abnormal (Details listed below);Reflexes: Intact (1+);Deep tendon reflexes: Rt Patellar (L4): 1+, Lt Patellar (L4): 1+, Rt Ankle (S1): 1+ and Lt Ankle (S1): 1+;Other: ;Right hip flexor: 2/5, PL. ;Right knee ; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Neurological deficits	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; The patient complains of low back pain with radiation into his lower extremities. He also complains of lower extremity weakness and gait instability. He recently completed PT through GTS and reports that it helped some. However, his pain is not controlled; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4

Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; weakness down the left leg; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient is 50 years of age or older.; There is no history of trauma.; This study is being ordered for Evaluation of a compression fracture	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; There is a history of trauma.; This study is being ordered for Evaluation of a compression fracture	8
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has a new increased difficulty with walking or keeping balance. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new difficulty grasping or holding objects. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new exam findings showing weakness, sensory changes or reflex changes in the arms or hands. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	8

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has suspected Multiple Sclerosis (MS). ; The patient is 13 years or older.; Multiple Sclerosis (MS) is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.; The reason for this request is for a pre-operative study.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.; The reason for this request is for a pre-operative study.	8
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	24
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is weakness.;	4

Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; A request is being made for a Spinal Cord Stimulator Trial for chronic intractable pain. The patient has been;complaining of intractable pain for more than six months and it is severely affecting her quality of life. She has;tried conservative as well a	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Essential tremor:;- Chronic essential tremor in right leg and hand, stable without progression.	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is 49 or younger; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is a suspected or known spine infection. ; The patient's most recent White Blood Cell (WBC) is between 12,000 to 15,000.	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	12
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted a home exercise program (HEP) for the pain recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment.	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	28

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	28
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is not graded.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is not graded.; Clicked to continue	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The weakness to the affected leg is not graded.	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).	16
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4 in the office visit note.; Clicked to continue	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 - 6 weeks.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 7 weeks or more.	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient is having worsening back pain symptoms.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The reflex exam findings are 0 / 4 (0 out of 4) No reflex.; The reflex changes are in one leg or foot. ; The patient is having worsening back pain symptoms.	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for known cancer. ; The patient is having new nerve complaints.	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	24
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	12
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Unknown	Approval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for a pelvis CT angiography.	4
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		There is not a known tumor.; This study is being ordered as pre-operative evaluation.; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; This is a request for a Pelvis CT.; The ordering provider is NOT a gastroenterologist, urologist, gynecologist, or surgeon.	4
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	4
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; The ordering provider is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist.	4
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; The ordering provider is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist.	8
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A concern other than a prostate problem, inflammatory bowel disease, cancer, pelvic pain, a gynecological problem, or a pre-operative study is the reason for this request.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	40
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	32
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	12
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	4

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; This is a request for bilateral foot MRI.; PAIN IN BOTH FEET.;PLANTAR FASCIITIS	8
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	16
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	8
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with immobilization for at least 6 weeks.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for neuroma.; The patient has NOT had foot pain for over 4 weeks.	4

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; A CT (knee or other) showed an abnormality; The ordering MDs specialty is NOT Orthopedics	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics	12
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics	8
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics	8
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics	8
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	12

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	8
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	32
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	8
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	28
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics	4

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The member has a recent injury.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for a mass, tumor or cancer.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	24
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	8
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	4
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	8
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8

Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	12
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	4
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	12
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.	4
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	4
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The member has surgery planned.; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	4
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	4
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	8
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	8
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new symptoms including hematuria.; This study is being ordered for a suspicious mass or tumor.	4

Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for solid organ transplant.	4
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	8
Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	28
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed an urinary tract infection. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed elevated LFTs; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis was a dipstick urinalysis only. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The pain has been present between 2 weeks and 3 months. ; The patient does not have pain or fever, an elevated white blood cell count or a reduced white blood cell count, and is not taking medication for this concern. ; The patient has not completed any imaging for this problem. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	28

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The pain has been present for less than 2 weeks. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is between 12,000 - 15,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	12
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing a fever.; The patient is having abdominal and/or flank pain.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is more than 15,000 WBC.; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have fevers or night sweats. ; The patient has lost more than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Recurrence (known or suspected is the patient's current cancer status. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	52
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of another cancer not listed above. ; It has been between 1 - 2 years since the patient has been treated for cancer. ; The last Abdomen and Pelvis CT was completed 6 - 9 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of another cancer not listed above. ; It has been between 2 - 5 years since the patient has been treated for cancer. ; The last Abdomen and Pelvis CT was completed less than 12 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of another cancer not listed above. ; It has been less than one year since the patient has been treated for cancer. ; The last Abdomen and Pelvis CT was completed 3 - 6 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of kidney cancer. ; It has been less than 2 years since the patient has been treated for cancer. ; The last Abdomen and Pelvis CT was completed more than 6 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient has a history of metastatic cancer. ; The last Abdomen and Pelvis CT was completed 3 - 6 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient has a history of metastatic cancer. ; The last Abdomen and Pelvis CT was completed more than 6 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	40
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient's current treatment plan is for initial staging. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	28
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; It is unknown if the patient has completed an ultrasound, esophagogastroduodenoscopy (EGD) or colonoscopy, and/or lab testing; or it has not been completed. ; This study is requested for evaluation of cancer or a tumor.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed an esophagogastroduodenoscopy (EGD) or colonoscopy.; This study is requested for evaluation of cancer or a tumor.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed an ultrasound and esophagogastroduodenoscopy (EGD) or colonoscopy, and lab testing.; This study is requested for evaluation of cancer or a tumor.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed lab testing. ; This study is requested for evaluation of cancer or a tumor.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an Esophagogastroduodenoscopy (EGD) or colonoscopy.; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has fevers or night sweats. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	32
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	16
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed less than 3 months ago. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the blood vessels including the aorta (AAA).; Blood vessel stenosis was found on prior imaging.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A kidney or ureteral stone was found on prior imaging.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A mass or tumor was found on prior imaging.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; The prior imaging completed is something other than what is listed above.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal CT scan has been completed. ; A possible abscess was found on prior imaging.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An ultrasound has been completed.; The test did show findings that were concerning for cancer.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; It is unknown what type of prior imaging has been completed.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; Lab testing has been completed.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed a low hemoglobin.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for 2 - 6 weeks.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	16
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	48
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	16
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	12
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	24
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found in another way that is not listed.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior abnormal liver imaging has another finding not listed above.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed cirrhosis.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	20
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An adrenal problem is the reason for this request. ; The adrenal problem was found on prior imaging.; It is unknown if the adrenal problem is cancer.; The adrenal problem was found on CT.; This is NOT the first time a CT has been performed.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	8
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	12
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a confirmed diagnosis of cancer from this mass or tumor. ; The patient was last treated for cancer within the past 2 years. ; The last abdomen MRI was completed 3 - 6 months ago. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed cancer.	4

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a renal cyst. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	16
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; It has been less than 12 months since the last CT or MRI for this problem. ; The last abdomen MRI was completed less than 6 months ago. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; The patient has not completed a prior CT or MRI for this problem. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient's liver problem is related to another reason not listed above. ; Other liver problems not related to a mass or tumor is the reason for this request.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient's liver problem is related to hepatocelluar carcinoma HCC) screening. ; Other liver problems not related to a mass or tumor is the reason for this request.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is more than 2.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is for suspected inflammatory bowel disease. ; Inflammatory Bowel Disease (IBD) is the reason for this request.; The colonoscopy is not completed.	4
Unknown	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	8
Unknown	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	8
Unknown	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evalutation of coronary calcification.	16
Unknown	Approval	75574 Ct Angio Hrt W/3d Image		; This is a request for CTA Coronary Arteries.; The patient has had recent CCTA.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Unknown	Approval	75574 Ct Angio Hrt W/3d Image		Chest pain/anginal equiv, intermediate CAD risk, not treadmill candidate;NSTEMI, Chest Pain; This is a request for CTA Coronary Arteries.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if there are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Unknown	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	8
Unknown	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4
Unknown	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	4
Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for post-procedural evaluation; Stent grafts were performed; The procedure was 6 months ago or less	4
Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Atherosclerosis is known or suspected; The procedure is planned in more than 6 months	4
Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	16
Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; It is unknown if the patient had any other studies	4
Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was normal	4

Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4
Unknown	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	8
Unknown	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; Other cardiac stress testing was completed More than 6 months ago; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	8
Unknown	Approval	78451 Ht Muscle Image Spect Sing		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		Cardiolite stress test make sure is no ischemic disease present causing symptoms.Wll make sure that stress test with his new symptoms to discomfort does not indicate any further angina if abnormal further evaluation warranted.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		Nondiagnostic exercise stress test because of inability to achieve target heart rate. 2. Stress EKG with no ST/T changes diagnostic for ischemia. Patient developed shortness of breath, lightheadedness, chest tightness, face and arm tingling/heaviness, nau; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Unknown	Approval	78451 Ht Muscle Image Spect Sing		patient has chest pain, with a history of presyncope. The patient has a strong history of CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed less than one year ago	8
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	12
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	24
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	20
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	28

Unknown	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Congenital Anomaly.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	8
Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	4
Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is for a PET Scan with PSMA.	8
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	8
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	32

Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Prostate cancer.	4
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	20
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; The patient had an MMSE (Mini Mental Status Evaluation) within the past 12 months; The assessment score is Unknown; Alzheimer's disease is the primary reason for this study.	4
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with an Other Tracer	4
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Fluciclovine (18F).	4
Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	12
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	8
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	4

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	8
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	12
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	12
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	8
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	12
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	16
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	8
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 7-9 months since the last echocardiogram.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	32
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	52
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	52

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	16
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	12
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	16
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	48
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	28
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	8

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	12
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	20
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of a cardiac mass.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a cardiac mass seen on x-ray	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	40
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	16

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	16
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	8
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	76
Unknown	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Congenital Anomaly.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	4
Unknown	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	4
Unknown	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	8
Unknown	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	4
Unknown	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	48
Unknown	Disapproval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Temporomandibular Joint (TMJ) MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; This study is being ordered for evaluation of a dysfunctional temporomandibular joint (TMJ).	4
Unknown	Disapproval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Temporomandibular Joint (TMJ) MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; This study is being ordered for evaluation of a dysfunctional temporomandibular joint (TMJ).; The conservative therapy included treatment with a bite block or splint.; The patient failed a course of anti inflammatory medication.	4
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	20
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	8

Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	24
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	12
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	4
Unknown	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	The procedure is planned in more than 6 months; This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; A procedure is being considered for this problem.; The ultrasound showed greater than or equal to 70% stenosis.	4
Unknown	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has NOT been a stroke or TIA within the past 2 weeks.	4
Unknown	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4
Unknown	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.	4
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	4
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	8

Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	16
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	8
Unknown	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	4
Unknown	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
Unknown	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if there are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient has dizziness or vertigo along with a symptoms that is not listed above.; This procedure is being requested for dizziness or vertigo.	4

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and a change in vision.; This procedure is being requested for dizziness or vertigo.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is currently on dementia medication. ; The patient is currently taking a dementia medication not listed above. ; This procedure is being requested for memory loss or cognitive impairment.; The ordering provider's specialty is NOT neurology.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	12
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed another type of cognitive testing.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for head trauma or concussion.; It is unknown when the injury occurred.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is NOT on seizure medication(s).	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	16

Unknown	Disapproval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Radiology Services Denied Not Medically Necessary	; Yes, this is a Functional MRI Brain.	4
Unknown	Disapproval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; No previous Chest CTA has been performed	4
Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory / Infectious Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.; There is NOT a tumor with need to clarify vascular involvement.	8

Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does NOT have an elevated D-dimer blood test. ; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score.	4
Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	4
Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has NOT been diagnosed with a tumor, infection or neurological deficit.; This study is being ordered for a Pre-operative evaluation.	4
Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	8
Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; The study is being ordered for Chronic back pain, suspected degenerative disease, trauma or acute injury within 72 hours.	4
Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	4
Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	8
Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; This study is being ordered for Neurological deficits	4
Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for None of the above	4
Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; This study is being ordered for Acute or chronic back pain including trauma or recent injury	8

Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not yet determined when the patient will have back surgery. ; The reason for this request is for a pre-operative study.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if there are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.; The reason for this request is for a pre-operative study.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	24
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is patient reported. ; The patient has new neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 11 or more sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	12
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	12
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	28
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	12
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	12
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	4

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Proximal LLE motor 4/5	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; She continues to report severe low back pain with right-sided radiculopathy, with constant weakness and numbness in the right leg.	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is a suspected or known spine infection. ; The patient's most recent White Blood Cell (WBC) is less than 12,000.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; It is unknown if the x-ray included flexion and extension views.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is an abnormal x-ray. ; The x-ray showed scoliosis. ; The patient is 10 years or older.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	32

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is not a copy of the home exercise program in the chart, the exercises were given at a different office.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted a home exercise program (HEP) for the pain recently.	16
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is not a copy of the home exercise program in the chart, but there is the name of the exercises in the chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; The sensory change is reported by the patient.; Clicked to continue	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	8

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; There is a decreased sensation documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is NOT a copy of the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The sensory change is reported by the patient.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having new back pain symptoms.	16
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient is having worsening back pain symptoms.	76
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	16

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having new back pain symptoms.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient is having worsening back pain symptoms.	32
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is not graded.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is unknown.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently. ; The weakness to the affected leg is not graded.; The patient has been participating in this conservative care treatment for 7 weeks or more.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is unknown.; The patient is having worsening back pain symptoms.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient has no change in back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is not a copy of the home exercise program in the chart, but there is the name of the exercises in the chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	8

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted a home exercise program (HEP) for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted activity modification for the pain recently.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has received injections for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	16
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	12
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72159 Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a spinal canal/contents MR Angiography.	4
Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	8
Unknown	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	12
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.; The patient received oral analgesics.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	20
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	8
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	12
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a pre op.; It is not known if surgery is planned for within 30 days.; This study is NOT being ordered for assessment of a known fracture fragment.	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	12

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is NOT Orthopedics	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics	12
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	12
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	8
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	8
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	4
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	4
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	4
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	12
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	12

Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Is this a request for one of the following? MR Angiogram lower extremity	4
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are clinical findings or indications of Hematuria.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	24
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	12
Unknown	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Unknown	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory / Infectious Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Unknown	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	8
Unknown	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	12
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if there is a concern for an urinary tract infection (UTI).; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The blood in the urine is NOT visible. ; The most recent urinalysis was a dipstick urinalysis only. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The last Abdomen and Pelvis CT was completed less than 6 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; A mass or tumor was found on prior imaging.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	56
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The pain has been present between 2 weeks and 3 months. ; The patient is taking medication(s) that is helping. ; The patient has not completed any imaging for this problem. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The pain has been present for less than 2 weeks. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have fevers or night sweats. ; It is unknown the percentage of total body weight the patient has lost in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of colorectal cancer. ; It has been 5 years or less since the patient has been treated for cancer. ; The last Abdomen and Pelvis CT was completed less than 6 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a known cancer. ; The patient's current treatment plan is for initial staging. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; It is unknown if the patient has completed an ultrasound, esophagogastroduodenoscopy (EGD) or colonoscopy, and/or lab testing; or it has not been completed. ; This study is requested for evaluation of cancer or a tumor.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is 59 or younger.; The blood in the urine is NOT visible. ; The most recent urinalysis shows 3 - 25 RBC/hpf. ; The patient has never smoked. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; It is unknown if a kidney stone is suspected.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	8

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is NOT completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed 3 - 6 months ago. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; The findings from prior imaging is something other than listed above.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal CT scan has been completed. ; A possible abscess was found on prior imaging.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	16
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed a low hemoglobin.	8
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for 2 - 6 weeks.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	8
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	16
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	12
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	12
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on blood work.	4
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior abnormal liver imaging has another finding not listed above.	4

Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	4
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	12
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient did have recent gallbladder surgery.; An ERCP is planned or being considered for this patient.; A MRCP or bile duct problem is the reason for this request.	4
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has completed an ultrasound for this condition within the past 4 months. ; The results of the ultrasound were abnormal. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	4
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient has a renal cyst. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient has another diagnosis not listed above. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Unknown	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evalutation of coronary calcification.	16
Unknown	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	4
Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; It is unknown if the patient had any other studies	4
Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was normal	4
Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	28
Unknown	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	73221- Left shoulder MRI. Pt has had pain for 2 years. PT completed in 2025 and MRI was approved at that time, but patient never scheduled the test. She is ready to have it evaluated because the symptoms never improved with PT or oral medication and use; Requestor has decided to proceed with the unlisted code.	4
Unknown	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	CC is her is just isolated anterior knee pain bilaterally without;radiating pain in the LEs. She does however feel like the LEs fatigue and feel heavy with walking and standing;with walking tolerance of around 600 ft with improvement with a cart. She ha; Requestor has decided to proceed with the unlisted code.	4
Unknown	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In 72148 MRI L-Spine; Requestor has decided to proceed with the unlisted code.	4
Unknown	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; Other cardiac stress testing was completed 6 months or less ago; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	CAD screening, high CAD risk, treadmill candidate; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	EVALUATE CARDIAC FUNCTION NEW SYMPTOMS; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	12

Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	4
Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Melanoma.	4
Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; It is unknown if an objective memory assessment was done within the past 12 months; Alzheimer's disease is the primary reason for this study.	4
Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for an infection of the heart.	4
Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	4
Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	4
Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4
Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4

Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	4
Unknown	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	4
Unknown	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	4
Unknown	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	4
Unknown	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	8
Unknown	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	4
Unknown	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	4

Unknown	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Urology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
Urology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	4
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as a follow-up to trauma.; This is a request for a Pelvis CT.; The ordering provider is an urologist.	4
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; This is a request for a Pelvis CT.; The ordering provider is an urologist.	4
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to organ enlargement.; There is no ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.	8
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.	4
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	16
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			8
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A prostate problem is the reason for this request. ; The patient has an elevated PSA. ; The patient had a previous prostate biopsy.	4
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A prostate problem is the reason for this request. ; The patient has an elevated PSA. ; The patient has NOT had a previous prostate biopsy. ; The patient is having a prostate biopsy.; The patient's prostate biopsy is scheduled within the next 1 - 2 months.	8
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A prostate problem is the reason for this request. ; The patient has an elevated PSA. ; The patient has NOT had a previous prostate biopsy. ; The patient is NOT having a prostate biopsy.	8
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Cancer or tumor is the reason for this request. ; The patient had a previous prostate biopsy. ; Prostate cancer is suspected due to an elevated PSA (Prostate-Specific Antigen). ; The patient's PSA level was above 4, twice.; According to the patient’s chart prostate cancer is known or suspected.; Prostate cancer is suspected.	4
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Cancer or tumor is the reason for this request. ; The patient has NOT had a previous prostate biopsy. ; Prostate cancer is suspected due to an elevated PSA (Prostate-Specific Antigen). ; The patient's PSA level was above 4, twice.; The patient is having a prostate biopsy.; The patient's prostate biopsy is scheduled within the next 1 month.; According to the patient’s chart prostate cancer is known or suspected.; Prostate cancer is suspected.	8

Urology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is not for hip pain.; The study is for a mass, tumor or cancer.	16
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, or abscess, pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	4
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; The requested study is a first follow up study for a post operatove complication.; The requested study is for post-operative evaluation.; This study is being ordered as a pre-op or post op evaluation.	4
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This patient is experiencing hematuria.; This is NOT a Medicare member.; This study is being ordered for a kidney/ureteral stone.	4
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			20
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; It is unknown how long the pain has been present.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed an urinary tract infection. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if there is a concern for an urinary tract infection (UTI).; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis shows 0 - 2 RBC/hpf. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; It is unknown if a kidney stone is suspected.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis shows greater than 25 RBC/hpf. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis was a dipstick urinalysis only. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The results of the most recent urinalysis is unknown or not completed. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; It is unknown if a kidney stone is suspected.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The results of the most recent urinalysis is unknown or not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The last Abdomen and Pelvis CT was completed 6 - 9 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; A mass or tumor was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The last Abdomen and Pelvis CT was completed less than 6 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; A mass or tumor was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Urology; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	12
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Urology; This study is requested for another reason that is not listed.	96
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The pain has been present for less than 2 weeks. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	12
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is an urologist.	100
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; It is unknown if the patient has completed an ultrasound, esophagogastroduodenoscopy (EGD) or colonoscopy, and/or lab testing; or it has not been completed. ; This study is requested for evaluation of cancer or a tumor.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed an ultrasound. ; This study is requested for evaluation of cancer or a tumor.	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient is 59 or younger.; The blood in the urine is NOT visible. ; The most recent urinalysis shows 3 - 25 RBC/hpf. ; The patient has a greater than 30 pack per year smoking history. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; It is unknown if a kidney stone is suspected.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	12

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	60
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	40
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; A cyst was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A kidney or ureteral stone was found on prior imaging.	16
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A mass or tumor was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal X-ray has been completed. ; Kidney stone(s) were found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal CT scan has been completed. ; The finding from prior imaging is something that is not listed above.	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal ultrasound has been completed. ; A kidney or ureteral stone was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal X-ray has been completed. ; Kidney stone(s) were found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal CT scan has been completed. ; A possible abscess was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; It is unknown what type of prior imaging has been completed.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for less than 2 weeks.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in an area not listed above.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	28
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An adrenal problem is the reason for this request. ; The adrenal problem was found on prior imaging.; The adrenal problem is NOT cancer.; The adrenal problem was found on CT.; This is the first time a CT has been performed.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is Urology; This request is for another reason not listed above.	8
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a renal cyst. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	8
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; It has been less than 12 months since the last CT or MRI for this problem. ; It is unknown when the last abdomen MRI was completed. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; It has been less than 12 months since the last CT or MRI for this problem. ; The last abdomen MRI was completed more than 12 months ago. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; The patient has not completed a prior CT or MRI for this problem. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has cancer. ; The patient has been treated for cancer within the past 3 years. ; The last abdomen MRI was completed less than 3 months ago. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	8
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has cancer. ; The patient has been treated for cancer within the past 3 years. ; The last abdomen MRI was completed more than 6 months ago. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Urology	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is for a PET Scan with PSMA.	8
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	8
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	12

Urology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	4
Urology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	4
Urology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	8
Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Cancer or tumor is the reason for this request. ; Prostate cancer is suspected due to an elevated PSA (Prostate-Specific Antigen). ; The patient's PSA level was above 4, once.; According to the patient's chart prostate cancer is known or suspected.; Prostate cancer is suspected.	4
Urology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for a mass, tumor or cancer.	4
Urology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is not for hip pain.; The study is not requested for any of the standard indications for Knee MRI	4
Urology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	4
Urology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	4
Urology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This patient is experiencing hematuria.; This is NOT a Medicare member.; This study is being ordered for a kidney/ureteral stone.	4
Urology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	12
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if there is a concern for an urinary tract infection (UTI).; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The blood in the urine is NOT visible. ; The most recent urinalysis was a dipstick urinalysis only. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	20
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The blood in the urine is NOT visible. ; The results of the most recent urinalysis is unknown or not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	8
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The last Abdomen and Pelvis CT was completed less than 6 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; A mass or tumor was found on prior imaging.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The last Abdomen and Pelvis CT was completed less than 6 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal CT scan has been completed. ; A mass or tumor was found on prior imaging.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Urology; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	8
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Urology; This study is requested for another reason that is not listed.	8
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is 59 or younger.; The blood in the urine is NOT visible. ; The most recent urinalysis shows 3 - 25 RBC/hpf. ; The patient has a 20 - 30 pack per year smoking history. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	12
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; A cyst was found on prior imaging.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; The finding from prior imaging is something that is not listed above.	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A mass or tumor was found on prior imaging.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the pelvis.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	12
Urology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.	4
Vascular Surgery	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		It is unknown when the procedure is planned; This request is for both Brain and Neck CT Angiography.; A pre operative evaluation is the reason for this request.	4
Vascular Surgery	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		The procedure is planned in 6 months or less; The ordering provider's specialty is NOT Neurological Surgery; This request is for both Brain and Neck CT Angiography.; A pre operative evaluation is the reason for this request.	8
Vascular Surgery	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		The procedure is planned in 6 months or less; The ordering provider's specialty is NOT Neurological Surgery; This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; A procedure is being considered for this problem.; The ultrasound showed 50 - 69% stenosis. ; The patient is having symptoms.	4
Vascular Surgery	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; The ultrasound showed 10 - 49% stenosis.	4
Vascular Surgery	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; The dissection is suspected.	4

Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Vascular Surgery; The member does NOT have a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	24
Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	8
Vascular Surgery	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the upper extremity.	4
Vascular Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being oordered for infection.	4
Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Vascular Surgery; The member does NOT have a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	24
Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	32

Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is being ordered for Other not listed; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is Vascular Surgery; This procedure is being requested for post-procedural evaluation	4
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is Vascular Surgery; This procedure is being requested for pre-procedural evaluation	8
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Toe Brachial Index (TBI); The study was abnormal	4
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	12

Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; The patient had another study not listed	4
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4
Vascular Surgery	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	4
Vascular Surgery	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4
Vascular Surgery	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; The dissection is known.; The patient had the dissection more than 6 months ago.	4
Vascular Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	12
Vascular Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Other not listed; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Vascular Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Vascular Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	4

Vascular Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had Segmental Pressures; The study was abnormal	4
Vascular Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	4
Vascular Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4